## P1200063692

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: CLERMO DOCUMENT NUMBER: P12000063	ONT COMMUNITY PHARMACY INC 8692
The enclosed Articles of Amendment and fee a	re submitted for filing.
Please return all correspondence concerning th	s matter to the following:
VIRAL PATEL	
	Name of Contact Person
00044 DED 04	Firm/ Company
20011 PERGO	DLA BEND LANE
TAMPA, FL 33	Address 3647
	City/ State and Zip Code
renu@yashcon.co	om
E-mail address: (to	be used for future annual report notification)
For further information concerning this matter,	please call:
VIRAL PATEL	at (201 ) 892-1968
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount n	nade payable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing Fee Certificate of Sta	<del>-</del>
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address  Amendment Section  Division of Corporations  Clifton Building  2661 Executive Center Circle  Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

## CLERMONT COMMUNITY PHARMACY INC

(Name of Corporation as currently filed with th	
P1200063692	C Florida Dept. or State)
(Document Number of Corporation	n (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, the its Articles of Incorporation:	nis Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corpora" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," o word "chartered," "professional association," or the abbreviation	r "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	
	<del>□</del> 55
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	S
(Mutting unaress MAT BE A TOST OFFICE BOX)	
	35 25
D. If amending the registered agent and/or registered office a	ddress in Florida, enter the name of the
new registered agent and/or the new registered office addr	
Name of New Registered Agent	
(Florida	street address)
	Pt-aid-
New Registered Office Address: (C	, Florida ity) (Zip Code)
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia	
Signature of New Register	ed Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Do	<u>c</u>	
X Remove	$\underline{\mathbf{v}}$	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	nith	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	Р		PATEL VIRAL	20011 PERGOLA BEND LANE
X Add				TAMPA, FL 33647
Remove				
2) Change	Р		PATEL VAISHALI	20011 PERGOLA BEND LANE
Add				TAMPA, FL 33647
X Remove				
3) Change	VP		AMIN DIPTI	1052 LASCALA DRIVE
Add				WINDERMERE, FL 34786
X Remove				
4) Change		<u> </u>		
Add				
Remove				
5) Change		<del></del>		
Add				
Remove				
6) Change		_		
Add				
Remove				

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<del></del>	
<u>If an amendment provides for an exch</u> provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
(if not and limb! - 1-1:-1-37/4)	
(if not applicable, indicate N/A)	
(ц пог аррисаоге, такаге N/A)	
(ц пог аррисаоге, такаге N/A)	
ці поі аррисаоїє, такаїє N/A)	
ці поі аррисаоїє, такаїє N/A)	
(ij noi appiicaoie, maicaie N/A)	

The date of each amendment	t(s) adoption: 07/20/2012
Effective date <u>if applicable</u> :	07/20/2012
Effective date <u>fr applicable</u> .	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/weby the shareholders was/weby	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):
"The number of votes	s cast for the amendment(s) was/were sufficient for approval
by	
action was not required.	re adopted by the board of directors without shareholder action and shareholder re adopted by the incorporators without shareholder action and shareholder
Dated_08/	13/2012 ( ) e 8 il / loll
(E	By a director, president or other officer — if directors or officers have not been elected, by an incorporator — if in the hands of a receiver, trustee, or other court ppointed fiduciary by that fiduciary)
	VIRAL PATEL (Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)