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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Riverview	Specialty Phar	macy, Inc.	
DOCUMENT NUM	BER:			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corre	espondence concerning this ma	tter to the following:		
	Dr. Onyema A.	Ezeanya		
		Name of Contact Person	1	
	Riverview Spec			
		Firm/ Company		_
	13157 Royal Pir	nes Avenue		
		Address		_
	Riverview, Flori	da, 33579		
		City/ State and Zip Cod	e	
oe	zeanya1911@gr	mail.com		
		sed for future annual report	notification)	TI
For further information	on concerning this matter, pleas	se call:		200 2
Dr. Onyema	a A. Ezeanya	at (850	528-4413	3
Name	of Contact Person	Area Co	de & Daytime Telephone Numb	
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:	
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Ma	iling Address	Cémané	Adduson	

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 Articles of Incorporation of

Riverview Community Pharmacy Incorporated (Name of Corporation as currently filed with the Florida Dept. of State)

P1200007	70000
	ノハノハ

(Document Number of Corporation	(if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to		
A. If amending name, enter the new name of the corporation:			
Riverview Specialty Pharmacy, Inc.	The new		
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the		
B. Enter new principal office address, if applicable:	13157 Royal Pines Avenue		
(Principal office address MUST BE A STREET ADDRESS)	Riverview, FL. 33579		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	13157 Royal Pines Avenue		
(Maning and CSS MAIL DE AT 1 007 01 1 1 CE DOS)	Riverview, FL. 33579		
	7 7 7		
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address			
Name of New Registered Agent N/A			
Name of New Registered Agent			
(Elavida e	treet address)		
NI/A	in eer tituur essy		
New Registered Office Address: (City	, Florida		
(Cir)	(zip code)		
New Registered Agent's Signature, if changing Registered Agen			
I hereby accept the appointment as registered agent. I am familiar	with and accept the obligations of the position.		
Signature of New Registered	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.

X Change	<u>PT</u>	John Doe	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change		<u>N/A</u>	N/A
Add			
Remove			
2) Change		N/A	N/A
Add			
Remove			
3) Change		<u>N/A</u>	N/A
Add			
Remove			
4) Change		<u>N/A</u>	N/A
Add			
Remove			
5) Change		N/A	N/A
Add			
Remove			
6) Change		N/A	N/A
Add			
Remove			

If amending (Attach add	<mark>ng or adding ad</mark> ditional sheets, if	ditional Artic necessary).	les, enter cha (Be specific)	inge(s) here:			
I/A	, , , , , , , , , , , , , , , , , , ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(,				
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If an amei	ndment provide:	s for an exch	ange, reclassi	fication, or ca	ncellation of is	sued shares.	
provision (if no	n <mark>s for implement</mark> ot applicable, ind	ting the amen licate N/A)	idment if not	contained in t	<u>he amendmen</u>	t itself:	
J/A							
		•					

The date of each amendment(s) ado date this document was signed.	ption:	, if otl	her than the
~	h 11, 2014		
<u></u>	(no more than 90 days after amendment file date)		
Adoption of Amendment(s)	(<u>CHECK ONE</u>)		
The amendment(s) was/were adopt by the shareholders was/were suffi	ed by the shareholders. The number of votes cast for the amendment(s) cient for approval.		
	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):		
"The number of votes cast fo	r the amendment(s) was/were sufficient for approval		
by	(voting group)		
	(voting group)		
action was not required.	ed by the board of directors without shareholder action and shareholder ed by the incorporators without shareholder action and shareholder		
Dated March 11	2014		
Signature (
selected,	tor, president of other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court if fiduciary by that fiduciary		
C	Onyema A. Ezeanya		
-	(Typed or printed name of person signing)		14
C	CEO/President	jr= (26 171 (27 160 (22)	JUR T
_	(Title of person signing)		-2 P# 1