## P12000085448

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R. WHITE
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: CURE PHARMAC	Y, INC.				
DOCUMENT NUM	BER:					
The enclosed Articles	of Amendment and fee are sul	omitted for filing.				
Please return all corre	spondence concerning this mat	ter to the following:				
	MICHAEL MURPHY					
		Name of Contact Persor	1			
CURE PHARMACY, INC.						
	Firm/ Company					
	2713 N E 15 STREET UNIT 3					
	Address					
	FORT LAUDERDALE, FL 33304					
		City/ State and Zip Code	e			
Muk	erxips@gmail.com	16.6				
	E-mail address: (to be us	ed for future annual report	notification)			
		11				
For further information	on concerning this matter, pleas	se call:				
MICHAEL MURPHY		954 at (	260-8656			
Name of Contact Person		Area Code & Daytime Telephone Number				
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)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				

## Articles of Amendment to Articles of Incorporation of

CURE PHARMACY, INC		77197 22 0 000	
(Name of	Corporation as current	ly filed with the Florida Dept. of State) 12:03	
P12000085448			
	(Document Number of	of Corporation (if known)	
Pursuant to the provisions of section 607.1 its Articles of Incorporation:	006, Florida Statutes, this	Florida Profit Corporation adopts the following amendment(	
A. If amending name, enter the new name	me of the corporation:		
N/A		The new	
name must be distinguishable and contain to "Inc.," or Co.," or the designation "Co"chartered," "professional association," of	orp," "Inc," or "Co"	company," or "incorporated" or the abbreviation "Corp.,"  A professional corporation name must contain the word	
n e e e e e e e e e e e e e e e e e e e	C	N/A	
B. Enter new principal office address, if (Principal office address MUST BE A ST	<u>(REET ADDRESS</u> )		
C. Enter new mailing address, if applic (Mailing address MAY BE A POST O		2713 N E 15 STREET UNIT 3	
		FORT LAUDERDALE, FL 33304	
D. If amending the registered agent and	l/or registered office add	lress in Florida, enter the name of the	
new registered agent and/or the new			
Name of New Registered Agent	MICHAEL MURPHY		
Name of New Registered Agem	· · · · · · · · · · · · · · · · · · ·		
-	(Florida st	rect address)	
	2713 N E 15 STREET UI	NUT 2 21304	
New Registered Office Address:		(City), Florida (Zip Code)	
		(City)	
New Registered Agent's Signature, if ch	anging Registered Agen	t: with and accept the obligations of the position.	
I hereoy accept the appointment as registe	rea agent. Tam japantar	with and accept the obligations by the position.	
AU.	ffy -		
	Signature of New F	Registered Agent, if changing	
	$\nu$		

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 Doe X Remove V Mike Jones <u>X</u> Add <u>SV</u> Sally Smith Address 5 Type of Action Title Name (Check One) 3685 N W 124 AVENUE JAMES DECHENE 1) \_\_\_\_ Change CORAL SPRINGS, FL 33065 \_\_\_\_ Add XX Remove 2713 N E 15 STREET UNIT 3 MICHAEL MURPHY Change  $\mathbf{XX}_{\_Add}$ FORT LAUDERDALE, FL 33304 \_ Remove 3) \_\_\_\_\_ Change \_\_\_ Add Remove 4) \_\_\_\_ Change \_\_\_ Add Remove 5) Change \_\_ Add Remove 6) \_\_\_\_ Change \_\_ Add \_\_\_ Remove Page 2 of 4 E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). N/A

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		Page 3 of 4		
he date of each amendment	(s) adoption. November 1	18, 2019		, if other than the
ate this document was signed	(u) 200ption			
ee at a sale	November 18 2010			
ffective date <u>if applicable</u> :	November 18, 2019	re than 90 days after amendi		

(CHECK ONE) Adoption of Amendment(s) The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment(s) by the shareholders was/were sufficient for approval. ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s): "The number of votes cast for the amendment(s) was/were sufficient for approval ☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required. ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required. (By a director, prosident or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) MICHAEL MURPHY (Typed or printed name of person signing) PRESIDENT

(Title of person signing)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the

document's effective date on the Department of State's records.