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SECRETARE STATE
TALLAHASSEE FLORIDA

MAR 12 2014 C. CARROTHERS

#### **COVER LETTER**

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Division of Corporations
NAME OF CORPORATION: Rx Express Pharmacy of Panama City Inc
DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Earl Scott Boatright  Name of Contact Person  Rx Express Pharmacy of Panama City  Firm/ Copinany  S40 B Faut 6th 5t  Address  Panama City, FL 32401  City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:  Scott Boatright at (850) 215-7455  Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is enclosed)  \$35 Filing Fee Certified Copy (Additional Copy is enclosed)

## Mailing Address Amendment Section

TO: 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



Kx Express Pharmac	y of Panama	' 1 7	116	2 PH 2: 26
(Name of Corporation as current	y filed with the Florida De	pt. of Staté)	SECKETAF TALLAHAS	N OF STATE SEE, FLORIDA
(Document Numbe	er of Corporation (if known)			
Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation:	orida Statutes, this <i>Florida Pt</i>	rofit Corporation ac	dopts the following	amendment(s) to
A. If amending name, enter the new name of th	e corporation:			
				The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "C word "chartered," "professional association," or	orp," "Inc," or "Co". A p	pany," or "incorpo rofessional corpord	orated" or the abb ution name must co	breviation ontain the
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A				
	,			
	-			
C. Enter new mailing address, if applicable:	DAV:			
(Mailing address <u>MAY BE A POST OFFICE</u>	<u> </u>	·• · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
		<del></del> .		
D. If amending the registered agent and/or reginew registered agent and/or the new registered.		rida, enter the nan	ne of the	
Name of New Registered Agent				
	(Florida street address)	1		
New Registered Office Address:		, Florida_		
	(City)		(Zip Code)	
New Registered Agent's Signature, if changing land the Registered Agent the appointment as registered agent	Registered Agent:	cent the obligation	s of the position	
	мизитын пин ини и	cepi ine obligation.	s of the position.	
Signature o.	f New Registered Agent, if ch	 สทฐเทฐ		

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	PT	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change			
Add			
Remove			
2) Change			
Add Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
∧dd			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here:
(Attach additional shapes if nagassam) (Ra specific)
A + A + A + A + A + A + A + A + A + A +
HMENDING TO tal Shares from 100 shares
to 10 oco ch
Amending total shares from 100 shares to 10,000 shares
T-M-
A Miles
The state of the s
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,
provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)

19/20/2012	
	, if other than the
date this document was signed.	
Effective date if applicable: \( \begin{align*} \lambda \lambd	
(no more than 91) days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
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	
by"	
by	
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.	
Dated 3/10/2014	
Signature Ald Daty	
(By a director, president 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)	
appointed fiduciary by mat fiduciary)	
Earl 5 Beatright  (Typed or printed name of person signing)  Secretary  (Title of person signing)	
(Typed or printed name of person signing)	<del></del>
Secratary (Title of person signing)	
(Title of person signing)	