P13000087046

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COVER LETTER

TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations NAME OF CORPORATION: AAP PHARMACY INC. P13000087046 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: MHER BABOUJIAN Name of Contact Person Firm/ Company 171 WESTWARD DRIVE Address MIAMI SPRING, FL 33166 City/ State and Zip Code INFO@ACCOUNTING2EASY.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 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: □\$52.50 Filing Fee ■ \$35 Filing Fee **□\$43.75** Filing Fee & □\$43.75 Filing Fee & Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section **Division of Corporations Division of Corporations** P.O. Box 6327 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

AAP PHARMACY INC.	
(Name of Corporation as currently filed with the F)	orida Dept. of State)
P13000087046	
(Document Number of Corporation (if	known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation: N/A	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Cover "chartered," "professional association," or the abbreviation "Lord".	n," "company," or "incorporated" or the abbreviation Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered office addr	ress in Florida, enter the name of the
new registered agent and/or the new registered office address:	ess in Piorida, enter the name of the
Name of New Registered Agent N/A	
(Florida stra	eet address)
New Registered Office Address: N/A	, Florida
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	

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.

Example: X Change	<u>PT</u>	John Doe	Ag 7
X Remove	$\underline{\mathbf{v}}$	Mike Jones	8 7
X Add	<u>sv</u>	Sally Smith	27 P
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address 171 WESTWARD DRIVE
1) Change	P	MHER BABOUJIAN	171 WESTWARD DRIVE
Add			MIAMI SPRING, FL 33166
Remove			
2) Change	VP	DALIA HERNANDEZ	171 WESTWARD DRIVE
Add			MIAMI SPRING, FL 33166
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			<u> </u>
Remove			
6) Change			
Add			
Remove			

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)	If amending or adding additional Articles, enter of (Attach additional sheets, if necessary). (Be specifically)	,
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)	/A	
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(if not applicable, indicate N/A)	provisions for implementing the amendment if n	ot contained in the amendment itself:
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The date of each amendment(s) adoption date this document was signed.	. IV/A	if other	than the
Effective date if applicable:			
A RESTRUCTION OF	(no more than 90 days after amendment file date)		
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(a) was/were adopted by by the shareholders was/were sufficient	the shareholders. The number of votes east for the amendment(s) for approval.	•	
	y the shareholders through voting groups. The following statement often group entitled to vote separately on the amendment(s):		
"The number of votes cast for the	amendment(s) was/were sufficient for approval		
by			
	(voting group)		
The amendment(s) was/were adopted by action was not required.	the board of directors without shareholder action and shareholder	14 001	77
The amendment(s) was/were adopted by action was not required.	the incorporators without shareholder action and shareholder	27	A TO
Dated_10/21/2014	· . · · · · · · · · · · · · · · · · · ·	PR FF	3 1 3
Dated 10/2 1/20 1/		<u> </u>	لريبة
Sianana MAC	Tolor = E	작 02 102)
selected, by an	president or other officer – if directors or officers have not been licorporator – if in the hands of a receiver, trustee, or other court biny by that fiduciary)		
	R BABOUJIAN		
	(Typed or printed name of person signing)		
PRES	SIDENT		
,	(Title of person signing)		