113000090375

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(OR) State Ziph Hollow)
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COVER LETTER

·		CONTRACTOR CONTRACTOR		
TO: Amendment Sc Division of Cor				BIN OCT 19 PH WE WE
NAME OF CORPO	ORATION: PHARMASURE	HOLDING, INC		9C
DOCUMENT NUN	1BER: P13000090375			الم الم
	es of Amendment and fee are st			18 A.
Please return all corr	respondence concerning this ma	atter to the following:		
	OLADAPÓ ORUKOTAN			
		Name of Contact Perso	n	
	PHARMASURE HOLDING			
		Firm/ Company		
	POBOX 450039			
	FORT LAUDERDALE FL 3	Address		
		City/ State and Zip Cod		
		•	L'	
DOI	RUKOTANI@YAHOO.COM			
	E-mail address: (to be u	sed for future annual report	notification)	
For further information	on concerning this matter, pleas	se call:	•	
OLADAPO ORUKO	DTAN	954 at (394-6858) de & Daytime Telephone Number	
Name	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:	
S35 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)	
Air Div	niling Address nendment Section vision of Corporations	Ameno Divisio	Address Iment Section on of Corporations	
). Box 6327 lahassee, FL 32314		Building Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

PHARMASURE HOLDING, INC.



(Name of Corporation as curren	utly filed with the Florida Dept. of State)
P13000090375	· 3
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, the its Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporat "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:	5367 N. NOB HILL ROAD
(Principal office address MUST BE A STREET ADDRESS)	SUNRISE FL. 33351
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	POBOX 450039
matting undress SIAT BL AT OST OF FICE BOX	FORT LAUDERDALE FL. 33345
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office address Name of New Registered Agent	
(Florida s	street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen hereby accept the appointment as registered agent. I am familian	nt: r with and accept the obligations of the position.
Simulation of Nov.	During and Court With annie

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, an 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 Do	\underline{c}	
X Remove	Y	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove				
3) Change				
Add				
Remove				
4) Change		-		
Add				
Remove				
5) Change		-		
Add				
Remove				
6) Change				
Add				
Remove				

	adding additional Art al sheets, if necessary).	(Be specific)			
					
					
			,_ 		
					
					
					
					
					
lf an amendmer	nt provides for an excl	iange, reclassificat	ion, or cancellation	of issued shares,	
	implementing the ame licable, indicate N/A)	ndment if not cont	tained in the amend	lment itself:	
(4) 11.01 (1)//11	reasie, maieure 1971)				
·					•
·					
					

date this document was signed.	doption:, if other than the
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this bedocument's effective date on the Do	plock does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) ifficient for approval.
	proved by the shareholders through voting groups. The following statement 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	(voting group)
	(voting group)
☐ The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder
09/25/2018	
Dated	
Signature	
(By a d	rector, president or other officer - if directors or officers have not been
selecte	d, by an incorporator - if in the hands of a receiver, trustee, or other court
appoin	ed fiduciary by that fiduciary)
	OLADAPO ORUKOTAN
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)