P140000033242

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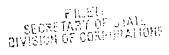
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: THE MEDIC	CAL STORE, IN	C
DOCUMENT NUMI	BER: P1400002324	2	
The enclosed Articles	of Amendment and fee are sul	omitted for filing.	
Please return all corre	spondence concerning this mat	ter to the following:	
	LEWIN, CARLING	STON	
		Name of Contact Person	1
		Firm/ Company	
	22161 SW 65 TE	• •	
		Address	
	BOCA RATON, F		
		City/ State and Zip Code	e
car	lington.lewin@gm		
	E-mail address: (to be us	ed for future annual report	notification)
For further information	on concerning this matter, pleas	e call:	
LEWIN, CAF	RLINGTON	_{at (} 561	, 654-5780
Name	of Contact Person		de & Daytime Telephone Number
Enclosed is a cheek 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)
Am Div P.O	iling Address endment Section ision of Corporations D. Box 6327 lahassee, FL 32314	Ameno Divisio Cliftor 2661 E	Address Iment Section In of Corporations Building Executive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of



15 FEB 26 PM 3: 08

THE MEDICAL STORE, INC.

THE WEDICAL STORE, INC	
(Name of Corporation as currently filed with the Flo.) P1400023242	ida Dept. of State)
(Document Number of Corporation (if k	nown)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fl</i> its Articles of Incorporation:	
A. If amending name, enter the new name of the corporation:	
Florida Business Registration Services,Inc	The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co" or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.	" "company," or "incorporated" or the abbreviation " A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address: Name of New Registered Agent	s in Florida, enter the name of the
(Florida street	address)
New Registered Office Address:	Florida (Zip Code)
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wit	h and accept the obligations of the position.
Signature of New Registered Ag	ent, 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	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change		_	
Add Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			<u>.</u>
Add			
I Demove			

	(Be specific)
	names madessification or consollation of issued shows
f an amendment provides for an exch	iange, reciassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	name, reclassification, or cancellation of issued shares, indiment if not contained in the amendment itself:
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provisions for implementing the ame	endment if not contained in the amendment itself:
provisions for implementing the ame	name, reclassification, or cancellation of issued shares, andment if not contained in the amendment itself:

The date of each amendment(s) adoption: 02/01/2015 , if other than the date this document was signed. 15 FEB 26 PM 3: 08 02/01/2015 Effective date if applicable: (no more than 90 days after amendment file date) Adoption of Amendment(s) (CHECK ONE) The amendment(s) was/were adopted by the shareholders. The number of votes cast 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 (voting group) 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. Signature (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)

(Title of person signing)