Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000256009 3)))



H190002580093ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name

: LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 Phone

: (305)552-5973

Fax Number

: (305)675-5944

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

COR AMND/RESTATE/CORRECT OR O/D RESIGN **US HWY 1 PHARMACY INC** 

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

SEP 0 4 2018

S. YOUNG

Electronic Filing Menu

Corporate Filing Menu

Help

ri.

Article	s of Amendment		
Articles	to of Incorporation		
	of		
US HWY 1	PHARMACY INC		
	rrently filed with the Florida De	PL of State)	
P14	000066806		
(Document Num	iber of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes its Articles of Incorporation:	, this Florida Profit Corporation	adopts the following a	uniendment(s) to
A. If amending name, enter the new name of the corporation	DII.		
MONA month has distinguished to the state of			he new
name must be distinguishable and contain the word "corporation". "Inc.," or Co.," or the designation "Corp.," "Inc.," word "chartered," "professional association." or the abbrevia	OF O A professional carma	porated" or the abb tration name must con	reviation rtain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)			
The second second of the secon			
		2	<b>8</b>
G. F-1		<u> </u>	<del>∐_</del>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		. <del> </del>	= 5 T
		<u> </u>	<u>~</u>
_	<del></del>	<del></del>	
·			<u>- 8</u>
D. If amending the registered agent and/or registered office	address in Florida, enter the pe	<u>ੂ</u>	<del></del>
new registered exent and/or the new registered office ad	dress;	ime of the	9
Name of New Registered Agent			
(Flon	da street address)		
New Registered Office Address:	,		
THE RESIDENCE CHICA HAMIST.	(City)	Florida	
		`,	,
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am famil	ment:	6.3	
The state of the second	наг жил апа сссері іпе обидало	ns of the position.	
			•
Signature of N	lew Registered Agent, if changing		

If amending the Officers and/or Directors, enter the title and mune 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:

3052201440

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 hald. 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 Janes leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add. Example:

X Change	PT	<u>John Doe</u>				
X Remove	¥	Mike Jones				
_X Add	<u>5V</u>	Sally Smith				
Type of Action (Check One)	Title	Name	Address			
1) Change	VP	BENITEZ, LUIS	1609 SW 67 AVE			
Add X Remove			MIAMI, FL 33155			
2) Change	S	AVEDIS BABOUILA, MHER	1609 SW 67 AVE			
Add X Remove			MIAMI, FL 33155			
3 ) Change Add Remove	-					
4) Change Add Remove	-					
5) Change Add Remove						
6) Charge Add Remove	<u> </u>		•			

		,,,,	(Be specific	)				
							<del></del>	
			_		<del></del> -			
				<del></del>	·	<del>-</del>		
		<del></del>				·	<u> </u>	_
						<del></del> _		_
			·					
		_						_
						<del></del>		
				· , , <u>, ,</u>	<del></del> -		<del></del>	
·						. <del>_</del> .	<del></del>	
· <b>-</b> ·		<del></del>						
<del></del> -				<del></del>	-	<del>_</del>		
	,, <u> </u>							
								_
						· · · · · · · · · · · · · · · · · · ·		
						<del></del>		
LOANS ONE I	ment provides for implementi applicable, indic	ng the smen	nge, reclassi dinent if not	fication, or c contained in	oncellation of the amendme	issued shares, nt itself:		
<u> 100)51005 1</u>	<u>ior implementi</u>	ng the smen	nge, reclassi dinent if not	fication, or c contained in	ancellation of the amendme	issned shares, nt itself:		
LOANS ONE I	<u>ior implementi</u>	ng the smen	nge, reclassi dinent if not	fication, or c contained in	ancellation of the amendme	jssned shares, nt itself:		
LOANS ONE I	<u>ior implementi</u>	ng the smen	inge, reclassi dinent if not	fleation, or c contained in	oncellation of the nmendme	issued shares, nt itself:		
LOANS ONE I	<u>ior implementi</u>	ng the smen	nge, reclassi dinent if not	fication, or c contained in	ancellation of the amendme	issued shares, ut itself:		
LOANSTONS I	<u>ior implementi</u>	ng the smen	dinent if not	fication, or c	ancellation of the amendme	issued shares, nt itself:		
LOANS ONE I	<u>ior implementi</u>	ng the smen	tige, reclassi	fication, or c	oncellation of the nmendme	issued shares, nt itself:		

The date of each amendment(s) ad	option:	, if other than the
date this document iwas signed.	•	
Effective date if applicable:		
	(no more than 90 days after	amendmens file date)
Note: If the date inserted in this b document's effective date on the De	ock does not meet the applicable statuto partment of State's records.	ry filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ado by the shateholders was/were su	pted by the shareholders. The number of fficient for approval.	votes cast for the amendment(s)
☐ The amendment(s) was/were app must be separately provided for	roved by the shareholders through voting each voting group emitted to vote separa	groups. The following statement tely 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.	epted by the board of directors without sha	nreholder action and shareholder
The amendment(s) was/were add action was not required.	opted by the incorporators without shareho	older action and shareholder
, AUC	JUST 24, 2018	
Dated	lh Chitola	
(By a c selection	lirector, president or other efficer – if dire d. by an incorporator – if in the hands of	ctors or officers have not been a receiver, trustee, or other court
appoi	ted fiduciary by that fiduciary)	
	NORIS ARIOLA	
	(Typed or printed name of pe	rson signing)
	TABOIRARS	
	(Title of person s	signing)