**P140000746558**

_____
(Requestor's Name)

_____
(Address)

_____
(Address)

_____
(City/State/Zip/Phone #)

☐ PICK-UP      ☐ WAIT      ☐ MAIL

_____
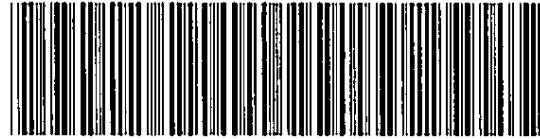(Business Entity Name)

_____
(Document Number)

Certified Copies _____      Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

## COVER LETTER

**TO:** Amendment Section
Division of Corporations

NAME OF CORPORATION: **PHARNEMONICS, INC.**

DOCUMENT NUMBER: **P14000076558**

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

**KENNETH B. KIRBY**

Name of Contact Person

**PHARNEMONICS, INC.**

Firm/ Company

**11000 PROSPERITY FARMS ROAD, SUITE 301**

Address

**PALM BEACH GARDENS, FL 33410**

City/ State and Zip Code

**KKIRBY@TDSC.US**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**KATHRYN P. KIRBY** at ( **561** ) **429-6429**

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     ☐$43.75 Filing Fee &     ☐$43.75 Filing Fee &     ☐$52.50 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 |
| Tallahassee, FL 32314 | 2661 Executive Center Circle |
| | Tallahassee, FL 32301 |

FILED

# PHARNEMONICS, INC.

2017 NOV 21 PH 2: 07

**(Name of Corporation as currently filed with the Florida Dept. of State)**

## P14000076558

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

## N/A

_____*The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

**B. Enter new principal office address, if applicable:**
*(Principal office address MUST BE A STREET ADDRESS )*

11000 PROSPERITY FARMS ROAD, SUITE 301

PALM BEACH GARDENS, FL 33410

**C. Enter new mailing address, if applicable:**
*(Mailing address MAY BE A POST OFFICE BOX)*

11000 PROSPERITY FARMS ROAD, SUITE 301

PALM BEACH GARDENS, FL 33410

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

*Name of New Registered Agent*  N/A

11000 PROSPERITY FARMS ROAD, SUITE 301

*(Florida street address)*

*New Registered Office Address:*  PALM BEACH GARDENS , Florida 33410

*(City)*                                 *(Zip Code)*

**New Registered Agent's Signature, if changing Registered Agent:**
*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

_____
*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 | PT | John Doe |
| X Remove | V | Mike Jones |
| X Add | SV | Sally Smith |

| Type of Action (Check One) | Title | Name | Address |
|---|---|---|---|
| 1) ___ Change | ___ | N/A | _____ |
| ___ Add | | | _____ |
| ___ Remove | | | _____ |
| 2) ___ Change | ___ | _____ | _____ |
| ___ Add | | | _____ |
| ___ Remove | | | _____ |
| 3) ___ Change | ___ | _____ | _____ |
| ___ Add | | | _____ |
| ___ Remove | | | _____ |
| 4) ___ Change | ___ | _____ | _____ |
| ___ Add | | | _____ |
| ___ Remove | | | _____ |
| 5) ___ Change | ___ | _____ | _____ |
| ___ Add | | | _____ |
| ___ Remove | | | _____ |
| 6) ___ Change | ___ | _____ | _____ |
| ___ Add | | | _____ |
| ___ Remove | | | _____ |

**E. If amending or adding additional Articles, enter change(s) here:**
(Attach *additional sheets, if necessary).* *(Be specific)*

N/A

_____

_____

_____

_____

_____

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_____

_____

_____

_____

**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*)

N/A

_____

_____

_____

_____

_____

_____

_____

The date of each amendment(s) adoption: **AUGUST 1, 2017**

Effective date **if applicable**: **AUGUST 1, 2017**

*(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):*
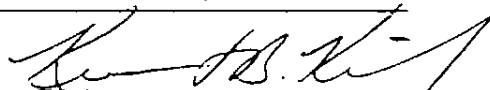
"The number of votes cast for the amendment(s) was/were sufficient for approval

by _____."

*(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.

Dated **NOVEMBER 15, 2017**

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)

# Kenneth B. Kirby

(Typed or printed name of person signing)

# President

(Title of person signing)