## P140000839w

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## **COVER LETTER**

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: Whitecap Pharmacy Services, Inc. P14000083966 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Diane M. Cue, Esq. Name of Contact Person Law Offices of Diane M. Cue Firm/ Company 5901 S.W. 74 Street, Suite 213a Address Miami, FL 33143 City/ State and Zip Code cuerx@bellsouth.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Diane M. Cue, Esq. Name of Contact Person 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) Street Address **Mailing Address** Amendment Section Amendment Section **Division of Corporations Division of Corporations** P.O. Box 6327 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32314

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

Whitecap Pharmacy Services, Inc	C.			
(Name of Corporation as currently file	ed with the Florid	la Dept. of State)		-
P14000083966				
(Document Number of C	Corporation (if kno	own)		-
Pursuant to the provisions of section 607.1006, Florida sits Articles of Incorporation:	Statutes, this <i>Flor</i>	ida Profit Corporatio	n adopts the followin	g amendment(s) to
A. If amending name, enter the new name of the cor	poration:			
				_The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the a	" "Inc," or "Co"	A professional corp		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)				-
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	- 0 _			- 4 編
	_			24 - 37 H. 12: 42
D. If amending the registered agent and/or registered new registered agent and/or the new registered o		in Florida, enter the	name of the	12:42
Name of New Registered Agent				
-	(Florida street a	ddress)	<del></del>	
New Registered Office Address:	_	, Flor	ida	
	(City)		(Zip Code)	-
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. I		and accept the obliga	tions of the position.	
Signature of New	v Registered Agen	t, 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> <u>Joh</u>	n Doe	
X Remove	<u>V</u> <u>Mil</u>	ke Jones	
X Add	<u>SV</u> <u>Sal</u>	ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>D</u>	Anlly Cue	2114 North Flamingo Road
Add			Box 145
Remove			Pembroke Pines, FL 33028
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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16 0	n amendment provide	<u>s ior an excila</u> ting the amen	dment if not conta	ned in the amendmen	ssueu snares, it itself:
If a		THE THE WILLIAM		nea in the amenane.	TO RESOURT
<u>If a</u>	(if not applicable, ind	licate N/A)			
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If a pr	(if not applicable, ind	licate N/A)			
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pr	(if not applicable, ind	licate N/A)			

The date of each amendment(s) adoption: October 13, 2014	, if other than the
date this document was signed.	<b></b> ^
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	
by"  (voting group)	
(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 11/24/2014 Signature	
(By a director, provident or other officer – if directors or officers have not been	<del>-</del>
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
Anily Cue	
(Typed or printed name of person signing)	
incorporator	
(Title of person signing)	