PAGE 01/02

Division of Corporations **Electronic Filing Cover Sheet** 

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.

(((H16000203797 3)))



H160002037973ABC2

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: I20000000019

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.\*\*

Email Address:	 			
	 ****			

## COR AMND/RESTATE/CORRECT OR O/D RESIGN REGIONS PHARMACY, CORP.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

AUG 1 8 2016

H16000203797

Articles of Amendment

to Articles of Incorporation of
Regions Pharmacy, Corp.  Florida Document Number: P1400084276  Pursuant to the provisions of continu 607 1006 Ph. in Section 607
Regions Pharmacy, Corp. Florida Document Number: P14000084276
following amendment(s) to its Articles of Incorporation:
Add: Lisbet AIFOnso as the
2nd (S)
These articles of amendment were adopted on 8/17/11/
The corporation has only one group of voting stock. This amendment was approved by the shareholders and the number of votes cast for amendment was sufficient for approval.
Saralia
Teresa taquelin Sarabia (P)
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