Division of Corporations Electronic Filing Cover Sheet

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MOON PHARMACY INC.

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7/17/2015 9:07:59 AM PAGE 1/001 Fax Server



July 17, 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations

MOON PHARMACY INC. 2390 W 76 STREET BAY 3 HIALEAH, FL 33016

SUBJECT: MOON PHARMACY INC.

REF: P14000085455

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The current name of the entity is as referenced above. Please correct your document accordingly.

There's a period after (INC).

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II FAX Aud. #: H15000173410 Letter Number: 115A00015008



	Articles of A	menčment	
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•	Articles of lin		
	of	F 1	
MOON PHARMACY INC.			
(Name of Corpora	tion as currently fi	lea with the Florida Dept. of Sme)	
P14000085455			
(Document Number of Corporation (if knows	n)		
Pursuant to the provisions of section 607, amendment(s) to its Articles of Incorporation		tutes, this Florida Profit Corporation adopts the fol	llowing
A. If amending name, enter the new name of	the corporation:		
A STATE OF THE PARTY OF THE PAR	NIA	The New	name
must be distinguishable and contain the we "line.," or Co.," or the designation "Corp, "chartered," "professional association," or the	" "Inc," or "Co".	"company," or "incorporated" or the abbreviation " . A professional corporation name must contain the A."	Corp" e word
B. Enter new principal office address, if app	ticable:	NIA	
(Principal office address MUST BE A STRE		F-917	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	EROX)	N/A	
D. If amending the registered agent and/or and/or the new registered office address:	registered office ad	idness in Florida, enter the name of the new registered	<u>d agent</u>
Name of New Registered Agent	Name of New Registered Agent ROSELIN LOPEZ ALONSO		
	2396 W 76 S	ETREET BAY 3. HIALEAH, FL 33016	
	((Florida street address)	
New Registered Office Address:	N/A	, Florida	
		(City) (Zip Code)	
New Registered Agent's Signature, if changi I hereby accept the appointment as registered	ng Registered Age Lagent, Lam famili	nt: ar with and accept the obligations of the position.	
-18.4	e 2		
Signati	ure of New Registe	ered Agent, if changing	

If amending the Officers and/or Directors, cuter 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 Einancial Officer. If an officer/director holds more than one title, 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 D	<u>0e</u>	
X Remove	V <u>Mike J</u>	<u>lones</u>	
X Add	SY Sally S	mith	
Type of Action	Tirle	Name	Address
(Check One)			
1) Change	Р	ROSELIN LOPEZ ALONSO	2390 W 76-STREET BAY 3
X Add			HIALEAH, FL 33016
Remove			nd for an wave well from whiteher saviges were golder to the E and E for J many the Aphiel St. 11, 1, and Ed. 1
2) Change	P	ANDRES PLASENCIA	2390 W 76 STREET BAY 3
Add			HIALEAH, FL 33016
X Remove			
3) Change	********		****
Add			Water 46
Remove			
4) Change			
Add			, the of the off-the fact of the state of th
Remove			The state of the s
5) Change			
Add			
Remove			
6) Change			
			A SEC ON U.S. A SECOND SHARE WITH THE SECOND SHARE SECOND
Remove			

If an amendment provides for an exchange, reclassification, or cancellation of issued shares, poisons for implementing the amendment if not contained in the amendment itself; not applicable, indicate N/A) N/A	(Attach additional sheets, if necessary).	(Be specific)	N/A
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The date of each amergiment(s) adoption:	Ν÷Λ	, if other than the
date this document was signed.		The same time are an extensive as the
Effective date if applicable:	N/A	
	than 90 days after amendment file	e date)
Note: if the date inserted in this block does not meet the document's effective date on the Department of State		nts, this date will be not be listed as
Adoption of Amendment(s) (CHECE (X) The amendment(s) was/were adopted by the shareholders was/were sufficient for approve	olders. The number of votes case f	or the amendment(s)
☐ The amendment(s) was/were approved by the sharel must be separately provided for each voting group		
"The number of votes cast for the amendment	t(s) was/were sufficient for approv	va)
by		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
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	Charles Colored	
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07/16/2015 Unterl:		
Signature: 1(2)22. (By a director, president o		
• •	or – If in the hands of a receiver, to	rustee, or other count
appointed fiduciary by tha	t inductary)	
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(Typed or pri	inted name of person signing)	
PRESIDENT		
(Tři	le of person signing)	,
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