P15000006027

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DIVISION OF CORPORALICAS

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: BRONSON PHARMACY, INC					
DOCUMENT NUME	DOCUMENT NUMBER: P15000006027				
	of Amendment and fee are su	bmitted for filing.			
Please return all corres	pondence concerning this ma	tter to the following:			
	MICHAEL NJOKU				
•		Name of Contact Person	1		
	BRONSON PHARMACY INC				
•		Firm/ Company			
	150 N HATHAWAY AVENUE				
•		Address			
	BRONSON, FLORIDA 32621				
•	·	City/ State and Zip Cod	e		
BRO	NSONRX@GMAIL.COM				
	E-mail address: (to be us	sed for future annual report	notification)		
		•	,		
For further information	concerning this matter, pleas	se call:			
MARK A PIMENTEI	MARK A PIMENTEL 352 221-5293				
Name of Contact Person		at (352) de & Daytime Telephone Number		
Name	of Contact I cison	Alca Co	de & 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 & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle			

Tallahassee, FL 32301

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: BRONSON PHARMACY, INC					
	DOCUMENT NUMBER: P15000006027				
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.			
Please return all corresp	ondence concerning this material	tter to the following:			
N	MICHAEL NJOKU				
_		Name of Contact Person			
F	BRONSON PHARMACY INC				
_					
1	Firm/ Company 150 N HATHAWAY AVENUE				
-	Address				
F	BRONSON, FLORIDA 32621				
_		City/ State and Zip Code	•		
BRON	SONRX@GMAIL.COM				
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	concerning this matter, pleas		221-5293		
		at (352	de & Daytime Telephone Number		
Name of Contact Person Area Code & Da			de & Daytime Telephone Number		
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■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio Clifton 2661 E.	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301		

Articles of Amendment to Articles of Incorporation of

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

BRONSON PHARMACY, INC

16 MAR -1 AM 9: 16

(Name of Corporation as cu	urrently filed with the Florida Dept. of State)
P15000006027	
(Document Nur	mber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statute its Articles of Incorporation:	es, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporati	ion:
name must be distinguishable and contain the word "corp" Corp.," "Inc.," or Co.," or the designation "Corp," "Inc, word "chartered," "professional association," or the abbrevi	The new poration," "company," or "incorporated" or the abbreviation or "Co". A professional corporation name must contain the ation "P.A."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office a	
Name of New Registered Agent	
(Flo	rida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am far	Agent: miliar 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)

_ Remove

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>	John Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	<u>s</u>	_	MARK A PIMENTEL	6861 NE 104TH COURT
X Add				BRONSON, FL 32621
Remove				
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change	=			
Add				
Remove				
6) Change				
Add		_		

(Attach additional sheets, if necessary	If amending or adding additional Articles, enter change(s) here: Attach additional sheets, if necessary). (Be specific)				
·					
If an amendment provides for an exprovisions for implementing the an (if not applicable, indicate N/A)	xchange, reclassification, or cancellation of issued shares, mendment if not contained in the amendment itself:)				

The date of each amendment(s):	adoption:	, if other than the
date this document was signed.		FILED
M.	ARCH 15, 2016	SECRETARY OF STATE DIVISION OF CORPORATIONS
Effective date <u>if applicable</u> :		<u></u>
	(no more than 90 days	after amendment file date) 16 MAR - 1 AM 9: 16
Note: If the date inserted in this document's effective date on the E		tatutory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ac by the shareholders was/were s	dopted by the shareholders. The number sufficient for approval.	er of votes cast for the amendment(s)
	oproved by the shareholders through vor each voting group entitled to vote se	
"The number of votes cas	at for the amendment(s) was/were suffic	cient for approval
by		"
J,	(voting group)	
☐ The amendment(s) was/were accation was not required.	dopted by the board of directors withou	at shareholder action and shareholder
The amendment(s) was/were ac action was not required.	lopted by the incorporators without sha	areholder action and shareholder
	RY 22, 2016	
Dated	MW	
select	director, president or other officer – if et by an incorporator – if in the hands need fiduciary by that fiduciary)	
	MICHAEL NJOKU	
	(Typed or printed name o	f person signing)
	PRESIDENT	
	(Title of person	on signing)