P15000043374

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COVER LETTER

Division of Corporations NAME OF CORPORATION: Pharmreit, Inc DOCUMENT NUMBER: P15000043374 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Thomas J. Bellante Name of Contact Person Garyn Angel Enterprises Firm/ Company 5471 Richey Dr. Address Port Richey, FL 34668 City/ State and Zip Code tbellante@magicalbutter.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Thomas J. Bellante 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 & □S43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy

Mailing Address

TO: Amendment Section

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

is enclosed)

Articles of Amendment to Articles of Incorporation of

Pharmreit, Inc.			
(<u>Name o</u>	f Corporation as currently	filed with the Florida De	pt. of State)
P15000043374			
	(Document Number of C	Corporation (if known)	
Pursuant to the provisions of section 607.1 its Articles of Incorporation:	1006, Florida Statutes, this <i>FI</i>	lorida Profit Corporation	adopts the following amendment(s)
A. If amending name, enter the new na	me of the corporation:		
name must be distinguishable and conto "Corp.," "Inc.," or Co.," or the designo word "chartered," "professional associat	ation "Corp," "Inc," or "Ce	o". A professional corpe	
B. Enter new principal office address, i (Principal office address MUST BE A ST			
C. Enter new mailing address, if applie (Mailing address MAY BE A POST C	<u>OFFICE BOX</u>) d/or registered office <u>addres</u>	ss in Florida, enter the n	ame of the
Name of New Registered Agent	Thomas J. Bellante		
	5471 Richey Dr.		
	(Florida stree	t address)	
New Registered Office Address:	Port Richey		Florida
New Registered Agent's Signature, if ch I hereby accept the appointment as registe	nanging Registered Agent: ered agent. I am familiar wij	ity and accept the obligation of the obligation	1 23 P
	-/-//	gistered Agent, if	Changinş

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>	John Doe	
X Remove	\underline{V}	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	S	Vanhook, William, CPA	5471 Richey Dr.
Add X Remove			Port Richey, FL 34668
2) Change	<u>S</u>	Bellante, Thomas, CPA	5471 Richey Dr.
X Add			Port Richey, FL 34668
Remove			
3) Change			· · · · · ·
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	(Be specific)	
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f an amendment provides for an each	ange reclassification or cancellation of issued shares	
f an amendment provides for an exch provisions for implementing the ame	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:	
f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:	
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provisions for implementing the ame	ange, reclassification, or cancellation of issued shares, andment if not contained in the amendment itself:	

09/01/2018	
The date of each amendment(s) adoption:date this document was signed.	, if other than th
Effective date if applicable:	<u> </u>
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	will not be listed as th
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
☐ 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 east 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.	
10/10/2018	
Dated	
Marin Holl	
Signature (By a director, president or other officer – if directors or officers have not been	
selected, by an incorporator —it in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
Thomas J. Bellante	
(Typed or printed name of person signing)	
CFO	
(Title of person signing)	

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