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OCT 2 5 2017 S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	MailMyPrescriptic	ons.com Pharmacy Corpora	tion
DOCUMENT NUME	P16000010450 BER:		
The enclosed Articles	of Amendment and fee are so	abmitted for filing.	
Please return all corres	pondence concerning this ma	atter to the following:	
	Joel Medgebow		
		Name of Contact Persor	
	Medgebow Law, P.A.		
	_	Firm/ Company	
	4171 W. Hillsboro Blvd Ste 9)	
		Address	
	Coconut Creek, FL, 33073		
		City/ State and Zip Code	2
joel@	medgebowław.com		
-	E-mail address: (to be u	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
Joel Medgebow		954 at (478-4223)
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	ortment of State:
☐ \$35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divis P.O.	ing Address ndment Section sion of Corporations Box 6327 shassee, FL 32314	Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

MailMyPrescriptions.com Pharmacy Corporation

(Name of Corporation as cu	urrently filed with the Florida Dept. of State)
P16000010450	
(Document Nu	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:
	The new
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	poration," "company," or "incorporated" or the abbreviation ," or "Co". A professional corporation name must contain the iation "P.A."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	<u> </u>
, and the state of	
	<u> </u>
C. Enter new mailing address, if applicable:	7 T 22 T
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
	<u> </u>
 If amending the registered agent and/or registered office new registered agent and/or the new registered office a 	ce address in Florida, enter the name of the ddress:
Name of New Registered Agent	
(Flo	orida street address)
New Registered Office Address:	
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fan	Agent: niliar 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)

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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	D	Justin Feig	622 Banyan Trail Suite 614
X Add			Boca Raton, FL, 33431
Remove			
2) Change	D	Rafael Villoldo	622 Banyan Trail Suite 614
X Add			Boca Raton, FL 33431
Remove			
3) Change			
Add			
Remove			
4) Change			-
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
	
-	
	
f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the amer (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:

Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this b locument's effective date on the Dep	lock does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were ado by the shareholders was/were sur	pted by the shareholders. The number of votes east for the amendment(s) licient for approval.
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes cast i	or the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
action was not required. The amendment(s) was/were ado	pted by the board of directors without shareholder action and shareholder pted by the incorporators without shareholder action and shareholder
action was not required. Dated	18/17
(B) a di selected	rector president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court diductory by that fiductory)
-	(Typed or printed name of person signing)
	CEE
-	(Title of person signing)