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SECRETARY OF STATE
TALLAHASSEE FLORIDA

6 FEB 24 PMIO: 12

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K. WHITE

#### **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	ATION: Cobalt Pharmacy,	Inc.				
DOCUMENT NUMBER: P16000014907						
The enclosed Articles of	The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all corresp	ondence concerning this ma	tter to the following:				
5	Theodore K Ferguson II					
~		Name of Contact Person	<u> </u>			
(	Cobalt Pharmacy, Inc.					
<del>-</del>		Firm/ Company				
1	4194 Oak Knoll St.					
<del>-</del>	Address					
5	Spring Hill, FL 34609					
_		City/ State and Zip Cod	e			
Ted@I	nvIntelligence.com					
<del></del>	E-mail address: (to be us	sed for future annual report	notification)			
For further information	concerning this matter, please	se call:				
Theodore K Ferguson, II		at ( <u>352</u>	232-0839			
Name of Contact Person		Area Code & Daytime Telephone Number				
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment 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			Address			
	ndment Section	Amendment Section				
	ion of Corporations  Box 6327	Division of Corporations Clifton Building				
Tallahassee, FL 32314		2661 Executive Center Circle				

Tallahassee, FL 32301

#### Articles of Amendment to Articles of Incorporation

### FILED

16 FEB 24 PH 10: 12

SECRETARY OF STATE Cobalt Pharmacy, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) P16000014907 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: N/A The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: (Citv) (Zip Code) 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

## 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 Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	Address
1) Change	S	_	Tobias J. Bacaner	1695 Castlewood Lane
X Add				Palm Harbor, FL 34683
Remove				
2) Change		_		
Add				
Remove				
3) Change				
Add				
Remove				
4) Change		<del></del>		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		<del></del>		
Add				
Remove				

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

• • • • • • • • • • • • • • • • • • •	N/A	
The date of each amendment(s) a date this document was signed.	doption:	, if other than the
	9/2016	
Effective date if applicable:	(no more than 90 days after amendment file date)	<del></del>
Note: If the date inserted in this bedocument's effective date on the De	block does not meet the applicable statutory filing requirements, this epartment of State's records.	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment of the shareholders.	nt(s)
	proved by the shareholders through voting groups. The following state each voting group entitled to vote separately on the amendment(s):	rment
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareho	lder
☐ The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
02/19/2016 Dated	<b>5</b>	
` •	lirector, president or other officer – if directors or officers have not be ed, by an incorporator – if in the hands of a receiver, trustee, or other of	
appoin	nted fiduciary by that fiduciary)	
	Theodore K. Ferguson, II	
	(Typed or printed name of person signing)	N. S. A.
	CEO	
	(Title of person signing)	