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COVER LETTER

NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Name of Contact Person City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: akeina Coxon Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

Mailing Address

TO: Amendment Section

Division of Corporations

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

DIATETON OF CORPORATION OF LALLE

ło Articles of Amendment

Articles of Incorporation

1016 DEC -6 PM 2:57

Profit Corporation adopts the following amendment(s) to

38048 12th 1948	C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)
	B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)
$^{\prime\prime}$ A professional corporation name must contain the	name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation," or the designation," or the abbreviation "P.A.
nida Profit Corporation adopts the following amendmen	Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Statutes, this Florida Articles of Incorporation: A. If amending name, enter the new name of the corporation:
orporation (if known)	(Document Mumber of Co
	(Name of Cotporation as currently in
الما عبر ماروری می معروب الماری در در ماری الماری	ROOHING RX INC.

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. New Registered Agent's Signature, if changing Registered Agent: (apo) diz) (City) New Registered Office Address: Florida . (Florida street address) Name of New Registered Agent new registered agent and/or the new registered office address: D. If amending the registered agent and/or registered office address in Florida, enter the name of the

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> <u>John</u>	<u> Doe</u>	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	SV Sally	y Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) _X Change Add Remove	CEOP	Wayne J. Coxon	38048 12th Ave Zephyrhills, FL 33542
2) X Change Add Remove 3) Change Add	<u>\$</u>	Lakeina S. Coxon	38048 12th Ave Zephyrhill, FL 33542
Remove 4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove	***************************************		

,	(Be specific)
f an amendment provides for an exch provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, endment 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)	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
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provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and and in the amendment itself:

The date of each amendment(s) adoption:		other than the	
date this document was signed.	SECRETARY DIVISION OF CO	CHETARY OF STAIL	
Effective date if applicable:			
(no more than 90 days after amendment file date)	2016 DEC -6	PH 2: 57	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, the document's effective date on the Department of State's records.	his date will not b	e listed as the	
Adoption of Amendment(s) (CHECK ONE)			
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amend by the shareholders was/were sufficient for approval.	ment(s)		
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following s must be separately provided for each voting group entitled to vote separately on the amendment(s)			
"The number of votes cast 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 shar action was not required.	eholde r		
The amendment(s) was/were adopted by the incorporators without shareholder action and sharehold	ler		
action was not required.			
Dated			
Signature Rakeure of Coxon		•	
(By a director, president or other officer - if directors or officers have not selected, by an incorporator - if in the hands of a receiver, trustee, or other	been		
appointed fiduciary by that fiduciary)	er court		
Lakeina S. Coxon			
(Typed or printed name of person signing)			
Scretcus (Title person signing)			