## P16000085183

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	<del> </del>
WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certificates of	Status
s to Filing Officer:	
	(Address)  (Address)  (City/State/Zip/Phone #)  WAIT  (Business Entity Name)  (Document Number)

Office Use Only



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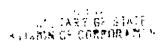
09/28/19--01005--015 \*\*35.00

## COVER LETTER

TO: Amendment Section Division of Corporations			
NAME OF CORPORATION:	WICRX	PHARMACY	CENTRAL INC-
NAME OF CORPORATION:	P1600	0085183	
The enclosed Articles of Amenda	nent and fee are su	abmitted for filing.	
Please return all correspondence of	concerning this ma	utter to the following:	
E	MMANUE	Name of Contact Pe	(G
		Name of Contact Per	rson
	175 SF	tiem wurt	
		Address	
	IALLAH	City/ State and Zip C	32301
-		City/ State and Zip C	Code
e			ye Cam Ort notification)
E-ma	il address: (to be u	ised for future annual reg	eri notification)
For further information concernir	ig this matter, plea	ise call:	
EMMANUEL !	? INWANG	at ( <u>850</u>	Code & Daytime Telephone Number
Name of Contact	Person	Area	Code & Daytime Telephone Number
Enclosed is a check for the follow	ving amount made	payable to the Florida E	Department of State:
	3.75 Filing Fee & tilicate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy is enclosed)	Certificate of Status
Mailing Addr Amendment Sc Division of Co P.O. Box 6327 Tallahassee, Fl	ection rporations	An Div Cli 260	reet Address nendment Section vision of Corporations non Building 61 Executive Center Circle Hahassee, FL 32301

## Articles of Amendment to Articles of Incorporation

of



19 SEP 26 PM 1: 25

WCRX PHARMACY CENTRAL INC.
(Name of Corporation as currently filed with the Florida Dept. of State)
P16000085183
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006. Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
Thenew
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:
(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:, Florida
(City) (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: <u>X</u> Change	<u>PT</u>	John Doc	
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	TR	GLDRY JOHNSON	175 SALEM COURT
Add Remove			TALLAHASSEE FL 32301
2) Change Add			
Remove 3 ) Change			
Add Remove			
4) Change Add Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)				
		<u></u>			
			· · ·		
	-	<del></del>			
f an amendment provides for an excl	hunna vaalaesifiaati	an ar cancellati	on of icensel cha-	res	
provisions for implementing the amo	endment if not conta	ined in the ame	ndment itself:	<u> </u>	
(if not applicable, indicate N/A)					

The date of each amendment(s) ad date this document was signed.	option:, if other than the
_	9/26/19
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Note: If the date inserted in this b document's effective date on the De	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 su	pted by the shareholders. The number of votes east for the amendment(s) ficient 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 east	for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder
Dated	GLORY JOH GJORMSon
Signature	GLORY Jot GITChmon
(By a di selected	rector, president or other officer – if directors or officers have not been l, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)
	GLORY JOHNSON
	(Typed or printed name of person signing)
	(Title of person signing)