P18000017857

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COVER LETTER TO: Amendment Section Division of Corporations NAME OF CORPORATION: Rx Express West, Inc. DOCUMENT NUMBER: P18000017857 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Laura Gould or Sheila Taylor Name of Contact Person Rx Express Pharmacy West Firm/Company P.O. Box 488 Address Panama City, Florida 32402 City/ State and Zip Code rxexpresspc@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Laura Gould or Sheila Taylor Name of Contact Person Area Code & Daytime Telephone Number 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

Mailing Address

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 Articles of Incorporation

of

Rx Express West, Inc.	
(Name of Corporation as cu	irrently filed with the Florida Dept. of State)
P18000017857	
(Document Nur	mber of Corporation (if known)
(Document Hull	inder of Corporation (I. Kilowii)
Pursuant to the provisions of section 607.1006, Florida Statute its Articles of Incorporation:	s, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation	on:
	Ī
name must be distinguishable and contain the word "corp "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc, word "chartered," "professional association," or the abbrevia	The new oration," "company," or "incorporated" or the abbreviation or "Co". A professional corporation name must contain the ation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
	22
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	<u> </u>
D. If amending the registered agent and/or registered office	Paddress in Florida enter the name of the
new registered agent and/or the new registered office ad	ddress;
Name of New Registered Agent	
(Flor	rida street address)
New Registered Office Address:	Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am fam	Agent:
. Hereby accept the appointment as registered agent. I am jam	the position.
Signature of I	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	PT	John Doe	
X Remove	v	Mike Jones	
X Add	<u>\$Y</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	D	MICHAEL P FULGHUM	7927 HIGHPOINT ROAD
Add			PANAMA CITY, FLORIDA
X Remove			32404
2) Change	D	JENNIFER S FULGHUM	7927 HIGHPOINT ROAD
X Add			PANAMA CITY, FLORIDA
Remove			32404
3) Change		_	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter chan	ge(s) here:
(Attach additional sheets, if necessary). (Be specific)	
(=+	
	
	
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F. If an amendment provides for an exchange, reclassific	ation, or cancellation of issued shares,
provisions for implementing the amendment if not co	ntained in the amendment itself:
(if not applicable, indicate N/A)	İ
_ 	
	<u> </u>

The date of each amendment(s) adoption: date this document was signed.	, if other than the
Effective date if applicable: 2-28-2017	
(no more than 90 days	after amendment file date)
Note: If the date inserted in this block does not meet the applicable s document's effective date on the Department of State's records.	tatutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The numb by the shareholders was/were sufficient for approval.	er of votes cast for the amendment(s)
The amendment(s) was/were approved by the shareholders through vimust be separately provided for each voting group entitled to vote so	oting groups. The following statement parately on the amendment(s):
The number of votes cast for the amendment(s) was/were suffi	cient for approval
(voting group)	.,,
(voting group)	
The amendment(s) was/were adopted by the board of directors withou action was not required.	it shareholder action and shareholder
☐ The amendment(s) was/were adopted by the incorporators without shaction was not required.	areholder action and shareholder
Dated	
Dated	
(By a director, president or other officer - if	directors or officers have not been
selected, by an incorporator - if in the hands appointed fiduciary by that fiduciary)	of a receiver, trustee, or other court
(,, 0, 1121 1122 1121)	
(Typed or printed name o	
(Typed or printed name o	f person signing)
PRESIDENT. (Title of person	
(Title of person	on signing)