# P1800033186

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### **COVER LETTER**

Division of Corporations NAME OF CORPORATION: Pharma America COPP The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Born Erik Hansen

Name of Contact Person

Pharma America CorP

Firm/ Company

400 South Pointe Dr. AP+508

Address

Miam/FL 33i39

City/ State and Zip Code Buorn Erik Hansen 21 a amail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Biorn Erik Hansen at (305) 773 5495

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: □\$52.50 Filing Fee **S** \$35 Filing Fee ☐\$43.75 Filing Fee & ☐\$43.75 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

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

## Articles of Amendment Articles of Incorporation

Articles of Am to Articles of Inco of	rporation Solution
Pharma America Corp  (Name of Corporation as currently	filed with the Florida Dent of State)
	med with the Florida Dept. of State
P18000032186 (Document Number of Company Number	Comparation (if known)
(Document Number of C	sorporation (it known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	lorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation: $\mathcal{N}_{i}$	//A
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc." or "C word "chartered," "professional association," or the abbreviation "P	'o". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	400 South Pointe Dr APT 508, Miami FC 33139
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	400 South Pointe Dr APT 308, Miami FL 33,39
D. If amending the registered agent and/or registered office address:  Name of New Registered Agent	$\mathcal{N}_{\mathcal{A}}$
Name of New Neglisiereu Ageni	
(Florida stree	
New Registered Office Address:	, Florida
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	th 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	nes	
X Add	<u>SY</u>	Sally St	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	Address
1) Change	000	2	Angelica Maria NY Berg	Vibes Gate 28
Add				OSlo AKErHUS
XRemove				0356 Norway
2) Change				
Add		···		
Remove				
3) Change				
Add				
Remove				
Komo i c				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
Kemove				
6) Change		_		
Add				
Remove				

If amending or adding additional Art (Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)		
N/A			
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If an amendment provides for an exclusions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or can- indment if not contained in th	cellation of issued shares, e amendment itself:	
N/A			

The date of each amendment(s) ad	option:	, if other than the
date this document was signed.		
Effective date if applicable:	(no more than 90 days after amendment file date)	
	(no more than 90) days after amendment file date)	
Note: If the date inserted in this bl document's effective date on the De	ock does not meet the applicable statutory filing requirements, this dat partment of State's records.	e will not be listed as th
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were ado by the shareholders was/were suf	pted by the shareholders. The number of votes cast for the amendment(s) Ticient for approval.	)
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	nt
"The number of votes cast	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	г
The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder	
	18	
Signature	rector, president or other officer – if directors or officers have not been	
(By a di	rector, president or other officer – if directors or officers have not been	<del></del>
selected	l, by an incorporator - if in the hands of a receiver, trustee, or other court	
appoint	ed fiduciary by that fiduciary)	
	Buorn Erik Hansen	
	(Typed or printed name of person signing)	
	Leo	
	(Title of person signing)	