## P200000 11730

	(Requestor's Name)
	(Address)
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	(City/State/Zip/Phone #)
PICK-U	
<u> </u>	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	s to Filing Officer:
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## COVER LETTER

TO: Amendment Section Division of Corporations

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## NAME OF CORPORATION: SEWALL'S POINT PHARMACY. INC

DOCUMENT NUMBER: P20000011730

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

SEWALL'S POINT PHARMACY, INC

Firm/ Company

107 N SEWALL'S POINT RD

Address

STUART, FL 34996

City/ State and Zip Code

CRISTAL@SP-RX.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CRISTAL TOTTERMAN	.561	, 6856209
	at (	)
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

S43.75 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

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address</u> Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

A	rticles of Amendment
Art	to ticles of Incorporation
SEWALL'S POINT PHARMACY, INC	of 2023 9 th p. 19
(Name of Corporation	as currently filed with the Florida Dept. of State)
P20000011730	
(Documen	t Number of Corporation (if known)
its Articles of Incorporation:	tatutes, this Florida Profit Corporation adopts the following amendmen
A. If amending name, enter the new name of the corp	The new
name must be distinguishable and contain the word "corp. "Inc.," or Co.," or the designation "Corp." "Inc," o "chartered," "professional association," or the abbrevia	oration," "company," or "incorporated" or the abbreviation "Corp.," r "Co". A professional corporation name must contain the word tion "P.A."
B. Enter new principal office address, if applicable:	3754 SE OCEAN BLVD SUITE B
(Principal office address <u>MUST BE A STREET ADDRES</u>	ESS ) STUART, FL 34996
C. Enter new mailing address, if applicable:	3754 SE OCEAN BLVD SUITE B
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	
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 off	ice address:
Name of New Registered Agent	
·	(Florida street address)
New Registered Office Address:	( <i>City</i> ), Florida ( <i>Zip Code</i> )

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:

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<u>X</u> Change	<u>PT</u>	John Doe	
<u>X</u> Remove	V	Mike Jones	
<u>X</u> Add	<u>SV</u>	Sally Smith	
<u>Type of Action</u> (Check One)	<u>Title</u>	Name	Address
1) X Change	PS	CRISTAL TOTTERMAN	107 N SEWALL'S POINT RD
Add			STUART, FL 34996
Remove			
2) X Change	VT	LARS TOTTERMAN	107 N SEWALL'S POINT RD
Add			STUART, FL34996
Remove			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			· · · · · · · · · · · · · · · · · · ·
Add			
Remove			
6) Change			
Add			
Remove			

(Anach u	ing or adding additional . Iditional sheets, if necessar	y). (Be specific	)			
N/A						
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			· ., . <u>-</u> .			
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provisi	endment provides for an end ns for implementing the a ot applicable, indicate N/A	amendment if no				
N/Λ		***** <u></u>			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
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The date of each amendment(s) adoption:

date this document was signed.

\_\_\_\_\_, if other than the

Effective date if applicable:

 $\frac{b}{2}$  2020 (no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s)

(CHECK ONE)

- The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
- The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- □ The amendment(s) was/were approved by the shareholders through voting groups. The following statement 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) 12/2020 Dated Signature (By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) CRISTAL TOTTERMAN (Typed or printed name of person signing)

PRESIDENT

(Title of person signing)