## P21000054101

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
_
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



500412251575

07/17/23--01013--012 \*\*35.00

S. RUULR...
AUG 1 7 2023

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: KADUCI	IUS, INC.				
DOCUMENT NUMBER: P2100005410					
The enclosed Articles of Amendment and t					
Please return all correspondence concerning	g this matter to the following:				
LAURA STREIME	:R				
	Name of Contact P	erson			
STREIMER & FLU	JSBERG, PA				
	Firm/ Compan	y			
12540 W ATLANT	IC BLVD				
Address					
CORAL SPRINGS.	, FL 33071				
	City/ State and Zip	Code			
ZDEANE@GMAIL.COM	1				
<del>_</del>	: (to be used for future annual re	port notification)			
For further information concerning this mat	tter, please call:				
LAURA STREIMER	at ( 954	846-1100 a Code & Daytime Telephone Number			
Name of Contact Person	Are	a Code & Daytime Telephone Number			
Enclosed is a check for the following amou	int made payable to the Florida l	Department of State:			
\$35 Filing Fee		Certificate of Status			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Ar Di Cl	reet Address nendment Section vision of Corporations ifton Building 61 Executive Center Circle			

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

KADUCIUS, INC.

P21000054101	a Corporation as current	lly filed with the Florida Dept. of State)	
	(D)		<del></del>
	(Document Number of	of Corporation (if known)	
ursuant to the provisions of section 607.  s Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation adopts the follo	owing amendment(
. If amending name, enter the new na	me of the corporation:		
RESCRIPPS, INC.			The new
ame must be distinguishable and cont Corp.," "Inc.," or Co.," or the design ord "chartered," "professional associa	ation "Corp." "Inc." or	on," "company," or "incorporated" or the "Co". A professional corporation name me "P.A."	ne abbreviation ust contain the
Enter new principal office address, Principal office address MUST BE A ST	if applicable: TREET ADDRESS	N/A	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A	7.53 7.4
			<u> </u>
If amending the registered agent an new registered agent and/or the new	d/or registered office add v registered office addres	ress in Florida, enter the name of the	.5
Name of New Registered Agent	N/A	<u> </u>	
		<del>-</del> ·	
	(Florida st	reet address)	<del></del>
New Pagistered Office Address:	N/A	. Florida	
New Registered Office Address:			

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 Doe	
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>	Address
1) Change	<u>D</u>	DAVID CUSICK	1525 FAITH RIVER PATH
XAdd			WENDELL, NC 27591
Remove			
2) Change		N/A	
Add			
Remove			
3 ) Change		N/A	<u> </u>
Add			
Remove			<u> </u>
4) Change		N/A	
Add			
Remove			
5) Change		N/A	<del></del>
Add			
Remove			
6) Change		N/A	
Add			
Remove			

(Attach additional sheets, if necessary). (Be specific)	
<del></del>	
	· 
. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)  N/A	
	<del></del>

The date of each amendment(s) adoption:	if other than the
date this document was signed.  N/A	
Effective date <u>if applicable</u> :	tys after amendment file date)
(no mixt mun you at	ys uper amenament fac acter
Note: If the date inserted in this block does not meet the applicable document's effective date on the Department of State's records.	e statutory 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 numby the shareholders was/were sufficient for approval.	mber of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through must be separately provided for each voting group entitled to vote	
"The number of votes cast for the amendment(s) was/were su	fficient for approval
by(voting group)	,, ,
(voting group)	
The amendment(s) was/were adopted by the board of directors with action was not required.	nout shareholder action and shareholder
The amendment(s) was/were adopted by the incorporators without action was not required.	shareholder action and shareholder
(Dated) 7/8/2023	_
(Signature)	
(By a director, president or other officer – selected, by an incorporator – if in the har appointed fiduciary by that fiduciary)	
ZAIN DEANE	
(Typed or printed name	e of person signing)
CEOD	
(Title of pe	erson signing)