

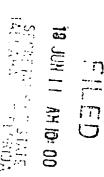
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R. WHITE
JUN 12 2018

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	SANTA ROSA	MANAGEMENT REC	CRUITE	RS, INC.
DOCUMENT NUMBER:		P93000034596		
The enclosed Articles of Amenda	ment and fee are st	ubmitted for filing.		.
Please return all correspondence	concerning this ma	atter to the following:		
		KAREN M. BRA	ND	
		Name of Contact P	Person	
	SANTA RO	OSA PHARMACY SP	ECIALT	ГҮ СО.
		Firm/ Compan	ıy	
P. O. BOX 4486				
Address				
	М!	ILTON, FLORIDA 32	2572 - 4	186
		City/ State and Zip	Code	
	SI	Rpharmacyspecialty@g	gmail.co	om
E-ma		sed for future annual re	-	
For further information concerning	ig this matter, pleas	se call:		
KAREN M. BRA	AND	at (50	516 - 1852
Name of Contact 1	Person	Are	a Code a	& Daytime Telephone Number
Enclosed is a check for the follow	zing amount made	payable to the Florida	Departm	ent of State:
	.75 Filing Fee & tificate 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 Addre Amendment Se Division of Cor P.O. Box 6327 Tallahassee, FL	ction porations	An Di Cli	vision o ifton Bu	nt Section f Corporations

Tallahassee, FL 32301

FILED

Articles of Amendment to Articles of Incorporation of

18 JUN 11 AM 10: 00

SANTA ROSA MANAGEMENT RECRUITERS, INC.

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P930000	34596
(Document Number o	fCorporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
· · · · · · · · · · · · · · · · · · ·	MACY SPECIALTY CO. The new
name must be distinguishable and contain the word "corporatio" (Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or word "chartered," "professional association," or the abbreviation	n," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
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)	P. O. BOX 4486
	MILTON, FL 32572 - 4486
D. If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address	
Name of New Registered Agent	
(Florida str	eet 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 w	the state of the position is a state of the position.
Signature of New R	egistered 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 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>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add		-	
Remove			

Attach additional sheets, if necessary).	(Be specific)
	
f an amendment provides for an exchi	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	nument is not contained in the amenument fisen:

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(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 necessarily document's effective date on the Department of State's records.	ot be listed as the
Adoption of Amendment(s) (CHECK ONE)	
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)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
JUNE 1, 2018	
Dated	
(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)	
KAREN M. BRAND	
(Typed or printed name of person signing)	
DIRECTOR/OFFICER/PRESIDENT	
(Title of person signing)	