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10/03/16--01004 -007 **43.75

SECRETARY A THREE TALLARASES FOR UNION

OCT 05 2016 R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION:Prefe	erred Prescription Plan, Inc			
DOCUMENT NUMB	ER: P96000102259				
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.			
Please return all corresp	ondence concerning this ma	tter to the following:			
1	Marilyn G. Olmsted, Legal A	Assistant			
-		Name of Contact Person	1		
9	Samuel D. Navon, P.A.				
_		Firm/ Company			
•	7805 S.W. 6th Court				
-		Address			
1	Plantation, FL 33324				
_		City/ State and Zip Cod	e		
molms	ted@navonlaw.com				
		sed for future annual report	notification)		
For further information Marilyn Olmsted	concerning this matter, pleas	se call:at (380-8848		
Name of Contact Person		at (Area Co) de & Daytime Telephone Number		
Enclosed is a check for	the following amount made		·		
\$35 Filing Fee	□\$43.75 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		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

16 OCT -3 AMII: 23

	PREFERRED PRESCI	RIPTION PLAN, INC.	SECRETARY SECTION TO
(<u>Name o</u>	Corporation as curren	tly filed with the Florida	Dept. of State)
	P96000102	2259	
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.1 its Articles of Incorporation:	006, Florida Statutes, thi	s Florida Profit Corporati	ion adopts the following amendment(s)
A. If amending name, enter the new name	ne of the corporation:		
	PREFERRED PRESCI	RIPTION, INC.	The new
name must be distinguishable and conto "Corp" "Inc.," or Co.," or the designa- word "chartered," "professional associati	tion "Corp," "Inc," or	"Co". A professional co	corporated" or the abbreviation
B. Enter new principal office address, is (Principal office address MUST BE A ST		N/A	77 hand day 1 hand 1 ha
C. Enter new mailing address, if applic (Mailing address <u>MAY BE A POST O</u>		N/A	
D. If amending the registered agent and new registered agent and/or the new			e name of the
	N/Λ		
	(Florida s	treet address)	
New Registered Office Address:		(City)	, Florida(Zip Code)
New Registered Agent's Signature, if ch I hereby accept the appointment as registe			ations 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	ones .		
X Add	<u>sv</u>	Sally Sr	<u>nith</u>		
Type of Action (Check One)	<u>Title</u>		<u>Name</u>		Address
1) Change		_	· · · · · · · · · · · · · · · · · · ·		
Add					
Remove					
2) Change		_			
Add					
Remove					
3) Change		_			
Add					
Remove					
4) Change		-			
Add		_		•	
Remove				•	
5) Change		_		-	
Add					
Remove					
6) Change		_ _		_	
Add				_	
Remove					1

E. If amending or adding additional Article (Attach additional sheets, if necessary).	(Be specific)
N/A	
10-79-27-31-7-41	
F. If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
N/A	
17/1	
P30738	

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 dute)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements Department of State's records.	s, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were as by the shareholders was/were	dopted by the shareholders. The number of votes cast for the ame sufficient for approval.	ndment(s)
☐ The amendment(s) was/were apmust be separately provided for	proved by the shareholders through voting groups. The following reach voting group entitled to vote separately on the unendment	z statement ((s):
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were ac action was not required.	lopted by the board of directors without shareholder action and sh	areholder
Dated Signature	opted by the incorporators without shareholder action and shareholder	
(By a	director, president or other officer - if directors or officers have n	
	ed, by an incorporator — if in the hands of a receiver, trustee, or of sted fiduciary by that fiduciary)	ther court
Щуроп	Paul J. Leight	
	(Typed or printed name of person signing)	
	President	
	/Title of person cioning)	