P9700075785

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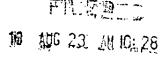
TO: Amendment Section Division of Corporations

NAME OF CORPORATION: PHARMA - EXPRESS, INC.				
DOCUMENT NUMBER: P97000075785				
The enclosed Articles of Amendment and fee are subm	nitted for filing.			
Please return all correspondence concerning this matte	r to the following:			
DAVID KROP				
	Name of Contact Person	· · · · · · · · · · · · · · · · · · ·		
PHARMA - EXPR	ESS, INC.			
	Firm/ Company			
777 SHOTGUN RD				
	Address			
SUNRISE, FL 333	26			
	City/ State and Zip Code	,		
davidk@pharmaexpre	ess.com			
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
DAVID KROP	at (800	219-7212 X103		
Name of Contact Person	Area Coo	de & Daytime Telephone Number		
Enclosed is a check for the following amount made payable to the Florida Department of State:				
■ \$35 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address	Street A	Address		
Amendment Section	Amendment Section			
Division of Corporations P.O. Box 6327 Division of Corporations Clifton Building				
Tallahassee, FL 32314		Building xecutive Center Circle		

Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation



PHARMA - EXPRESS, INC.

nent(s) to

P97000075785	currently thed with the Fior	In Dept. of Own	<u>~</u> /	
(Document	t Number of Corporation (if k	nown)		
Pursuant to the provisions of section 607.1 its Articles of Incorporation:	006, Florida Statutes, this Flo	orida Profit Corpe	oration adopts the following a	mendmer
A. If amending name, enter the new na	me of the corporation:			
name must be distinguishable and conto "Corp.," "Inc.," or Co.," or the designo word "chartered," "professional associat	ation "Corp," "Inc," or "Co	o". A professiona	"incorporated" or the abhi	he new reviation ntain the
B. Enter new principal office address, i (Principal office address <u>MUST BE A ST</u>	<u>f applicable:</u> FREET <u>ADDRESS</u>)			
C. Enter new mailing address, if applie (Mailing address MAY BE A POST C	<u>cable:</u> DFFICE BOX)			
D. If amending the registered agent an new registered agent and/or the new		s in Florida, ente	er the name of the	
Name of New Registered Agent	777 SHOTGUN	 RD		
	(Florida stree			
New Registered Office Address:	SUNRISE		_, Florida 33326	
	(City)		(Zip Code)	
New Registered Agent's Signature, if cl I hereby accept the appointment as regist	hanging Registered Agent:	thand accent the	abligations of the position	
Thereby accept the appointment as regist	er ear agent. Ann jampaan Wi	iguna accept the		

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:	c, ana ba	ny Smain, Sy as an Maa.	
X Change	<u>PT</u>	John Doe	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) X Change	Р	GLENN BROSNICK	777 SHOTGUN RD
Add			SUNRISE, FL 33326
Remove			
2) X Change	<u>V,S,</u>	DAVID KROP	777 SHOTGUN RD
Add			SUNRISE, FL 33326
Remove			
3) X Change	V	DAVID PLANTE	777 SHOTGUN RD
Add			SUNRISE, FL 33326
Remove			
4) X Change	V	CAROLINA FERREIRO	777 SHOTGUN RD
Add			SUNRISE, FL 33326
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

/ A	(Be specific)
/ A	
111	
	
If an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
If an amendment provides for an excl provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
If an amendment provides for an excl provisions for implementing the amo (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
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(if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:

The date of each amendment(s) adoption the control of the control	(ion: JANUARY 29, 2013	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date,)
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopt by the shareholders was/were suffi	d by the shareholders. The number of votes cast for the amerient for approval.	endment(s)
	ved by the shareholders through voting groups. The following the voting group entitled to vote separately on the amendment	
"The number of votes cast for	the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adopt action was not required.	d by the board of directors without shareholder action and s	hareholder
☐ The amendment(s) was/were adopt action was not required.	d by the incorporators without shareholder action and share	holder
Dated AUGL	IST 22, 2013	
Signature	PAIO/CP	
selected,	etor, president or other officer – if directors or officers have by an incorporator – if in the hands of a receiver, trustee, or offiduciary by that fiduciary)	
]	AVID KROP	
_	(Typed or printed name of person signing)	
\	′,S,T	
	(Title of person signing)	