

P98000092058

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

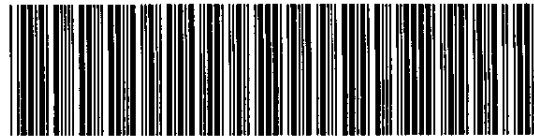
(Business Entity Name)

(Document Number)

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Amend

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2012 NOV 30 PM 3:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DR
12/3/12

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: THE MEDICINE CHEST, INC.

DOCUMENT NUMBER: P98000092058

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

BOBBY L. SHIELDS, ESQ.

Name of Contact Person

Firm/ Company

2350 NW 36 AVENUE

Address

COCONUT CREEK, FL 33066

City/ State and Zip Code

BOBSHIELDS99@BELLSOUTH.NET

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

For further information concerning this matter, please call:

BOBBY L. SHIELDS

Name of Contact Person

at (**954**) **263-0841**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input checked="" type="checkbox"/> \$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

FILED

THE MEDICINE CHEST, INC.

2012 NOV 30 PM 3:48

(Name of Corporation as currently filed with the Florida Dept. of State)

P98000092058

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

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)

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 office address:

Name of New Registered Agent

BOBBY L. SHIELDS, ESQ.

2350 NW 36 AVENUE

(Florida street address)

New Registered Office Address:

COCONUT CREEK

(City)

, Florida 33066

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

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

(Attach additional sheets, if necessary)

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.

<u>X</u> Change	<u>PT</u>	<u>John Doe</u>
<u>X</u> Remove	<u>V</u>	<u>Mike Jones</u>
X Add	SV	Sally Smith

Address

1) ☐ Change P DONALD E. BERISFORD 4750 RICHARDSON ROAD
☐ Add LADY LAKE, FL 32159
☒ Remove

2) <u> </u> Change	<u> P </u>	<u>JOSEPH DI CAPUA</u>	<u>910 OLD CAMP ROAD</u>
<u> X </u> Add			<u>BLDG. 170</u>
<u> </u> Remove			<u>THE VILLAGES, FL 32162</u>

3) _____ Change _____
 _____ Add _____
 Remove _____

4) _____ Change _____
_____ Add _____
_____ Remove _____

5) _____ Change _____
_____ Add _____
_____ Remove _____

6) ____ Change _____
____ Add _____
Remove _____

(Attach additional sheets, if necessary). (Be specific)

(Attach additional sheets, if necessary). (Be specific)

[illegible]

(if not applicable, indicate N/A)

(if not applicable, indicate N/A)

[illegible]

The date of each amendment(s) adoption: NOVEMBER 28, 2012

Effective date if applicable: NOVEMBER 28, 2012
(no more than 90 days after amendment file date)

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.

Dated NOVEMBER 28, 2012

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)

DONALD E. BERISFORD

(Typed or printed name of person signing)

DIRECTOR

(Title of person signing)