1000111939

(Requestor's Name)
(Address)
(Address)
· ,
(City/State/Zip/Phone #)
(Otyrotaterzipie none #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





600307191446

01/03/18--01012--024 **43.75

18 JAN -3 PM 3: 34

6 mm

JAN 4 2018 D CUSHING

COVER LETTER

TO: Amendment Section Division of Corporations

ibmitted for filing.		
atter to the following:		
Name of Contact Person	n	
Firm/ Company		
` •		
	_	
Address		
City/ State and Zip Cod	e e	
sed for future annual report	notification)	
se call:		
gnn	257 2527	
at (de & Daytime Telephone Number	
Area Co	de & Daytime Telephone Number	
payable to the Florida Depa	artment of State:	
□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Street	Address	
	lment Section	
Division of Corporations Clifton Building		
	xecutive Center Circle	
	Name of Contact Person Firm/ Company O Address City/ State and Zip Cod sed for future annual report se call: at (

Tallahassee, FL 32301

18 JAN -38 PM 3: 34

Articles of Amendment to Articles of Incorporation of

PharmaLink, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) P99000111939 (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: 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 (Florida street address) New Registered Office Address: Florida (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

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: XChange	<u>PT</u>	<u>John De</u>	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	ones .	
X Add	<u>sv</u>	Sally Sr	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change	CFO		Tina M. Keeley	8285 Bryan Dairy Road, #200
Add			-	Largo, FL 33777
X Remove				
2) Change		_		
Add				
Remove				
3) Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

$_{c}$ radii waamuumii sheer	<u>additional Art</u> ts, if necessary).	(Be specific	•)			
					·=	
						
	·				·	
<u>-</u>						
	···			· · · · · · · · · · · · · · · · ·	.,	
	- 					
						
			· · - · · · · · · · · · · · · · · · · ·			
					 	
						
If an amendment prov provisions for implen	ides for an exc	hange, reclass	ification, or c	ancellation of	issued shares,	i.
(if not applicable,	indicate N/A)	enument ii no	t contained in	the amenome	ait usen:	
(3) 2)	,,,,,,,					
					 	
-						
<u>-</u>						

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	D 27.2017	
Effective date if applicable:	December 27, 2017	
	(no more than 90 days after amendment file date)	
	his block does not meet the applicable statutory filing requirements, this day Department of State's records.	te will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes east for the amendment(s e sufficient for approval.	;)
	approved by the shareholders through voting groups. The following statemed for each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes of	cast for the amendment(s) was/were sufficient for approval	
hy	,,,,	
,	(voting group)	
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholde	т
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
Dated <u>/</u>	-27-2011	
Signature	Muni A Thomas Con	
(By	a director, president or other officer – if directors or officers have not been ected, by an incorporator, fit in the hands of a receiver, trustee, or other coursointed fiduciary by that fiduciary)	t
	Patricia R. Fitzgerald, Esq.	
	(Typed or printed name of person signing)	
	General Counsel	
	(Title of person signing)	