P99000111939

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: PharmaLink, Inc.					
DOCUMENT NUM	P99000111939					
The enclosed Articles	s of Amendment and fee are sul	bmitted for filing.				
Please return all corre	espondence concerning this ma	tter to the following:				
	Patricia R. Fitzgerald					
	Name of Contact Person					
	PharmaLink, Inc.					
	Firm/ Company					
	8285 Bryan Dairy Road, Suite 200					
	Address					
	Largo, FL 33777					
		City/ State and Zip Cod	•			
	pfitzgerald@pharmalinkinc.co	om				
		ed for future annual report	notification)			
For further information	on concerning this matter, pleas	800	257-3527			
Name of Contact Person		at (at Co	de & Daytime Telephone Number			
Enclosed is a check f	or the following amount made p	payable to the Florida Depa	artment of State:			
☐ \$35 Filing Fee	☐\$43.75 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 Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

PharmaLink, Inc.	
(Name of Corporation	as currently filed with the Florida Dept. of State)
P99000111939	
(Documen	t Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida St its Articles of Incorporation:	atutes, this Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corp	oration:
	The new
	oration," "company," or "incorporated" or the abbreviation "Corp.," r="Co". A professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRI</u>	ESS)
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 off	ice address:
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	. Florida
No registree office marcs.	(City) (Zip Code)
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I an	
Signatuo	e of New Registered Agent, if changing

Check if applicable

■ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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 Doc X Remove \underline{V} Mike Jones <u>SV</u> Sally Smith <u>X</u> Add Type of Action Title Name Address (Check One) Hilmer H. Beckers 8285 Bryan Dairy Road 1) X Change Suite 200 ____ Add Largo, FL 33777 ____ Remove CEOP Thierry C. Beckers 8285 Bryan Dairy Road 2) X Change Suite 200 ____ Add Largo, FL 33777 Remove ___ Change ____ Add ____ Remove 4) ____ Change _____ Add Remove 5) ____ Change ____ Add ____ Remove 6) ____ Change __ Add Remove

Attach additional sheets, if necessary).	ticles, enter change(s) here: (Be specific)
,	
·	
If an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
•	

The date of each amendment(s) adop	May 26, 2020 tion:		, if other than the
late 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 document's effective date on the Depart		ible statutory filing requirements, this	date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)		
The amendment(s) was/were adopte action was not required.	d by the incorporators, or bo	oard of directors without shareholder ac	ction and shareholder
☐ The amendment(s) was/were adopte by the shareholders was/were suffic	•	number of votes east for the amendmen	nt(s)
☐ The amendment(s) was/were approvemust be separately provided for each		ugh voting groups. The following state ote separately on the amendment(s):	ment
"The number of votes east for	the amendment(s) was/were	e sufficient for approval	
by			
	(voting group)		
October 22, 20 Dated	20		
Signature			
selected, b		er – if directors or officers have not bee hands of a receiver, trustee, or other co	
Th	ierry C. Beckers		
	(Typed or printed no	ame of person signing)	
('E	O and President		

(Title of person signing)