P15000084425

(F	Requestor's Name)	
<u> </u>	ddress)	
(A	address)	
(C	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Name)	
(C	Occument Number)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Medicabis, Inc.			
DOCUMENT NUM	P15000084425			
The enclosed Articles	s of Amendment and fee are su	bmitted for filing.		
Please return all corre	espondence concerning this ma	tter to the following:		
	Jeffrey M. Brandner			
		Name of Contact Person	1	
	Medicabis, Inc.			
		Firm/ Company		
	100 S. Ashley Dr. Ste. 600	• •		
		Address		
	Tampa, Fl. 33602			
		City/ State and Zip Code	3	
Jeff	rey@medicabis.com			
	E-mail address: (to be us	sed for future annual report	notification)	
For further information concerning this matter, please call:				
Jeffrey M. Brandne	er	813 at (407 0541	
Name	of Contact Person		de & Daytime Telephone Number	
Enclosed is a check f	or the following amount made	payable to the Florida Depa	rtment of State:	
■ \$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 Street Address

Amendment Section Division of Corporations Clifton Building

Articles of Amendment Articles of Incorporation

Medicabis, Inc.				
(Name o	of Corporation as current	ly filed with the Florida	Dept. of State)	
P15000084425				
	(Document Number o	of Corporation (if known)		
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporati	on adopts the following an	nendment(s) to
A. If amending name, enter the new na	ame of the corporation:			
			Th	e new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa B. Enter new principal office address, (Principal office address MUST BE A S	uation "Corp." "Inc." or ' tion," or the abbreviation if applicable:	"Co". A professional co-		
C. Enter new mailing address, if apple (Mailing address MAY BE A POST)				70/0
D. If amending the registered agent an	nd/or registered office add	lress in Florida enter the	e name of the	Pr. 12: 24
new registered agent and/or the new			iname of the	÷ .
Name of New Registered Agent	Barry Gainsburg			
	1166 N. University Drive			
	(Florida st	reet address)		
New Registered Office Address:	Plantation		Florida 33322	
	•	(City)	(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)

Remove

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 \underline{PT} John Doe Mike Jones X Remove $\underline{\mathbf{V}}$ \underline{X} Add <u>SV</u> Sally Smith Type of Action Title Address <u>Name</u> (Check One) 100 S Ashely Dr. Ste 600 **PCEOD** James Largotta 1) ____ Change Tampa, Fl. 33602 __ Add Remove **VSD** Jeffrey Brandner 100 S Ashley Dr. Ste 600 2) X Change Tampa, Fl. 33602 Add __ Remove VD John Eskridge 100 S Ashley Dr. Ste. 600 3) ____ Change Tampa, Fl. 33602 $_$ Add Remove Gene Weitz 100 S Ashley Dr. Ste. 600 4) X Change Tampa, Fl. 33602 ___ Add __ Remove 51 ____ Change ___ Add __ Remove 6) ____ Change Add

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)	•	
		-	
		-	
			
If an amendment provides for an exch	ange, reclassification, or	cancellation of issued s	hares,
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained i	n the amendment itself	<u>E</u>

The date of each amendment(s) a date this document was signed.	doption:	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date will epartment of State's records.	I not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were ac by the shareholders was/were s	lopted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.	
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(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 shareholder	
☐ The amendment(s) was/were action was not required.	Sopted by the incorporators without shareholder action and shareholder	
Dated	7-29-19	
Signature	Jeffrey on Brancher	
select	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court nted fiduciary by that fiduciary)	
	Jeffrey M. Brandner	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	