I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: RICHARD DELAPAZ

Electronic Signature of Signing Authorized Person(s) Detail

DOCUMENT# L13000118767

Entity Name: BLACK CAULDRON VAPES LLC

Current Principal Place of Business:

4417 13TH ST, STE. 304 SAINT CLOUD, FL 34769

Current Mailing Address:

4417 13TH ST, STE. 304 SAINT CLOUD, FL 34769

FEI Number: 46-3518659

Name and Address of Current Registered Agent:

AGENTS AND CORPORATIONS, INC. 300 FIFITH AVE. SOUTH SUITE 101-330 NAPLES, FL 34102 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE	: JOHN L. WILLIAMS			01/16/2015
	Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :				
Title	MGR	Title	MGR	
Name	DELAPAZ, RICHARD	Name	LABATO, CHRISTOPHER M	
Address	4417 13TH ST, STE. 304	Address	4417 13TH ST, STE. 304	
City-State-Zip:	SAINT CLOUD FL 34769	City-State-Zip:	SAINT CLOUD FL 34769	

Certificate of Status Desired: Yes

FILED Jan 16, 2015 Secretary of State CR7035743416

> 01/16/2015 Date

MANAGER