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(A	ddress)	
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SECRETARY OF STATE
THE SAFE SAFE FLORIDA

MAR 1 4 2016

C. CARROTHERS

COVER LETTER

TO: Amendment Section

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION: **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: J. KAN + CARSON J. KANT LARSON INC 6419 LAMIZ SUNRISIZ LAR

Address

APOLLO Beach PZ 33572

City/ State and Zip Code KENT @ KENT MAR. COM For further information concerning this matter, please call: THE Name of Contact Person at (813) 974 7196

Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & **□\$43.75** Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address Street Address** Amendment Section Amendment Section Division of Corporations **Division of Corporations**

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

· · · · · · · · · · · · · · · · · · ·	
(Name of Corporation as current	ly filed with the Florida Dept. of State)
J. Kint	LARSON INC
(Document Number of	of Corporation (if known)
H-9	7/0/3
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
the cigar to	actory INC The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the "P.A."
B. Enter new principal office address, if applicable:	6419 LAKE SURAISE d
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	A POLLO Reach 12L 3357
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Same
	·
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address	
Name of New Registered Agent	
(Florida str	reet address)
New Registered Office Address:	, Florida
	(City) (ZipiCode) 20 HAR
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
	8 N

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.

X Change	<u>PT</u>	John Do	<u>oe</u>			
X Remove	<u>v</u>	Mike Jo	<u>ones</u>			
<u>X</u> Add	<u>sv</u>	Sally Sn	mith_			
Type of Action (Check One)	Title		Name	Addres	s	
1) Change		_				
Add						
Remove						
2) Change		_		·		
Add						
Remove					 	
3) Change		_		-		
Add					_, . ,	
Remove				 –		_ ,
4) Change		_				_
Add						
Remove						
5) Change		_				
Add						
Remove						
6) Change						
Add		_				**
Remove						

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
-	
	<u></u>
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) adoption: date this document was signed.	3/7/16		, if other than the
Effective date if applicable:	(no moré than 90 days aft	er amendment file date)	
Note: If the date inserted in this block doe document's effective date on the Department		atory filing requirements, this date	will not be listed as the
Adoption of Amendment(s)	CHECK ONE)		
The amendment(s) was/were adopted by the shareholders was/were sufficient for		of votes cast for the amendment(s)	
☐ The amendment(s) was/were approved by must be separately provided for each vot	_	•••	
"The number of votes cast for the ar	mendment(s) was/were sufficient	nt for approval	
by	(voting group)))	
•	(voting group)		
☐ The amendment(s) was/were adopted by action was not required.	the board of directors without s	hareholder action and shareholder	
☐ The amendment(s) was/were adopted by action was not required.	the incorporators without share	holder action and shareholder	
Dated 3/	17/16		
Signatura	A Ventila	um	
Signature(By a director, p	ofes dent or other officer – if di	rectors or officers have not been	
	-	f a receiver, trustee, or other court	
appointed fiduc	iary by that fiduciary) J. 1720	LARSON IM	-
	(Typed or printed name of p	person signing)	
	PR12 9	Siclient	
	(Title of person	signing)	