

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850) 205-8842 Fax Number : (850)878-5368

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

| Email | Address: |  |  |  |  |
|-------|----------|--|--|--|--|
|       |          |  |  |  |  |

#### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN EMAGINE VAPOR FRANCHISING, LLC

Certificate of Status 0 Certified Copy Page Count 06 Estimated Charge \$25.00

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Help

NO 21 2015 J. HARRIS

8/20/2015

#### **COVER LETTER**

| TO: Registration Section Division of Corporations  | 50                       |                            |  |
|--|--------------------------|----------------------------|--|
| SUBJECT: Emagine Vapor Fran  |                          |                            |  |
| Name of Foreign  | Limited Liability        | Company                    |  |
| Dear Sir or Madam:   |                          |                            |  |
| The enclosed application, certificate and fee(s) as  | e submitted for f        | iling.                     |  |
| Please return all correspondence concerning this   | matter to the foll       | owing:                     |  |
| Jeffrey E. Holman  |                          |                            |  |
| Name of Person   |                          |                            |  |
| VaporMax Franchising, LLC  |                          |                            |  |
| Firm/Company   | ·                        |                            |  |
| 3001 Griffin Road  |                          |                            |  |
| Address  |                          |                            |  |
| Dania Beach, FL 33312  |                          |                            |  |
| City/State and Zip Code  |                          |                            |  |
| jeff.holman@vapor-corp.cor   | n                        |                            |  |
| E-mail address: (to be used for future annual of   |                          | 3)                         |  |
| For further information concerning this matter, p  | lease call:              |                            |  |
| Jeffrey E. Holman  |                          | 749.2676                   |  |
| Name of Person   |                          | Daytime Telephone Number   |  |
| STREET/COURIER ADDRESS:  |                          | MAILING ADDRESS:           |  |
| Registration Section   | Registration Section     |                            |  |
| Division of Corporations   | Division of Corporations |                            |  |
| Clifton Building   | P.O. Box 6327            |                            |  |
| 2661 Executive Center Circle<br>Tallahassee, Florida 32301   |                          | Tallahassee, Florida 32314 |  |
| Enclosed is a check for the following amount:  \$\mathbb{B}\$ \$25 Filing Fee \$\mathbb{D}\$ \$30 Filing Fee & Certificate of Status | S55 Filing F             | py Certificate of Status & |  |
| CR2F055 (12/14)  |                          | Certified Copy             |  |

### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

#### SECTION I (1-4 must be completed)

| State: Emagine Vapo  | or Franchising, LLC  |   |
|--|--|---|
|  | f this limited liability company is: M150000003  | 315   |
| 3. Jurisdiction of its organization:   |  |   |
| Date authorized to do business in  | n Florida: January 13, 2015  |   |
| SECTION II (5-9 complete only t  | the applicable changes)  |   |
| 5. New name of the limited liability   | y company: VaporMax Franchising, LLC (must contain "Limited Liability Company." "L.L.C"  |   |
| •  | (must contain "Limited Liability Company, " "L.L.C.,"  | or "LLC.")  |
| 5. If amending the registered agent :  | and/or registered office address on our records, enter   | the name  |
| he new registered agent and/or the Name of New Registered Agent:   | and/or registered office address on our records, enter new registered office address here:   | the name  |
| the new registered agent and/or the Name of New Registered Agent:  | and/or registered office address on our records, enter new registered office address here:  Enter Flanda Street Address  | the name  |
| 6. If amending the registered agent the new registered agent and/or the Name of New Registered Agent:  New Registered Office Address:  | new registered office address here:  | the name  |
| Name of New Registered Agent:  New Registered Office Address:  New Registered Agent's Signature, I hereby accept the appointment as comply with the provisions of all sta duties, and I am familiar with and a provided for in Chapter 605, F.S. O registered office address, I hereby o                         | new registered office address here:  Enter Florada Street Address  City  City  | Up Code<br>arther agi<br>ce of my<br>ent as<br>hange in i |
| Name of New Registered Agent:  New Registered Office Address:  New Registered Agent's Signature, I hereby accept the appointment as comply with the provisions of all sta duties, and I am familiar with and a provided for in Chapter 605, F.S. Or registered office address, I hereby of                       | Enter Florida Street Address  Florida  City  Ti Changing Registered Agent: registered agent and agree to act in this capacity. I fit attutes relative to the proper and complete performance accept the obligations of my position as registered age.  Or, if this document is being filed to merely reflect a city.   | Up Code<br>arther agi<br>ce of my<br>ent as<br>hange in i |
| Name of New Registered Agent:  New Registered Office Address:  New Registered Agent's Signature, I hereby accept the appointment as comply with the provisions of all sta duties, and I am familiar with and a provided for in Chapter 605, F.S. O   | Enter Florida Street Address  Florida  City  Ti Changing Registered Agent: registered agent and agree to act in this capacity. I fit attutes relative to the proper and complete performance accept the obligations of my position as registered age.  Or, if this document is being filed to merely reflect a city.   | Up Code<br>arther agi<br>ce of my<br>ent as<br>hange in i |
| Name of New Registered Agent:  New Registered Office Address:  New Registered Agent's Signature, I hereby accept the appointment as comply with the provisions of all sta dutles, and I am familiar with and a provided for in Chapter 605, F.S. O registered office address, I hereby a writing of this change. | Enter Florida Street Address  Florida  City  Ti Changing Registered Agent: registered agent and agree to act in this capacity. I fit entutes relative to the proper and complete performant accept the obligations of my position as registered age. Or, if this document is being filed to merely reflect a city confirm that the limited liability company has been no | urther ago<br>ce of my<br>ent as<br>hange in              |

| Title/ Capacity | Name   | Address  | Type of Action       |
|-----------------|--|--|----------------------|
| Manager         | Jim Martin   | 3001 Griffin Road, Dania Beach,  | FL 33312             |
|                 |  | <del></del>  | Remove               |
| Manager         | Greg Brauser   | 3001 Griffin Road, Dania Beach   | n, FL 33312<br>■ ∧dd |
|                 |  |  | □ Remove             |
|                 |  |  |                      |
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|                 |  |  | Remove               |
| aforementi      | ioned amendment(s), duly auther<br>n under the law of which this ent | ore than 90 days old, evidencing the nticated by the official having custody of the numberized representative of the numberized representative | of records in the    |
|                 | <u></u>  | printed name of signee   |                      |

Filing Fee: \$25.00

## Delaware

#### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "EMAGINE VAPOR FRANCHISING, LLC", CHANGING ITS NAME FROM "EMAGINE VAPOR FRANCHISING, LLC" TO "VAPORMAX FRANCHISING, LLC", FILED IN THIS OFFICE ON THE NINETEENTH DAY OF AUGUST, A.D. 2015, AT 6:05 O'CLOCK P.M.

5672987 8100

151193786

AUTHENTY CATION: 2661010

DATE: 08-19-15

8/20/2015 10:18:54 AM From: To: 8506176383( 6/6 )

State of Delaware Secretary of State Division of Corporations Delivered 06:39 PM 08/19/2015 FILED 06:05 PM 08/19/2015 SRV 151193786 - 5672987 FILE

# CERTIFICATE OF AMENDMENT TO THE CERTIFICATE OF FORMATION OF EMAGINE VAPOR FRANCHISING, LLC

Emagine Vapor Franchising, LLC, a Delaware limited liability company (the "Company"), for the purpose of amending its Certificate of Formation pursuant to the Delaware Limited Liability Company Act, hereby certifies that:

FIRST: The name of the Company is Emagine Vapor Franchising, LLC.

SECOND: The first section of the Certificate of Formation is hereby amended as

follows:

"FIRST. The name of the limited liability company formed hereby is "VaporMax Franchising, LLC."

IN WITNESS WHEREOF, the undersigned has executed this Amendment to the Certificate of Formation on this 19th day of July, 2015.

By;

Effrey E. Holman,

Manager