N16000089409

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(Address)

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(Business Entity Name)

(Document Number)

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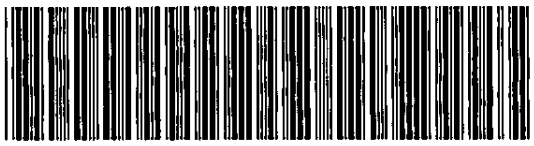

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R. WHITE

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Oceanfront Cannabis Inc.

DOCUMENT NUMBER: N16000008949

The enclosed ***Articles of Amendment*** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Morris Jeff
(Name of Contact Person)

Oceanfront Cannabis Inc.
(Firm/ Company)

13245 Atlantic Blvd. Suite 4-231
(Address)

Jacksonville Fl. 32225
(City/ State and Zip Code)

oceanfrontcannabis@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Morris Jeff (Name of Contact Person) at 904-888-4635 same (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 & 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
Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

16 DEC -5 PM 1:05

Oceanfront Cannabis Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

N16000008949

(Document Number of Corporation (if known)

Pursuant to the provisions of section 617.1006, Florida Statutes, this ***Florida Not For Profit Corporation*** adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

_____ *The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.*

B. Enter new principal office address, if applicable: _____
(Principal office address MUST BE A STREET ADDRESS)
_____
_____

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 office address:

Name of New Registered Agent: _____

_____
(Florida street address)

New Registered Office Address:

_____, Florida _____
(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)
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	PT	John Doe
X Remove	V	Mike Jones
X Add	SV	Sally Smith

Type of Action (Check One)	Title	Name	Address
1) ____ Change	CEOCFO	MORRIS JEFF	13245 Atlantic Blvd. Suite 4-231
X ____ Add			Jacksonville Fl. 32225
____ Remove			
2) X ____ Change	VP	Nicole Walton	7925 Merrill Road Apt. 2415
____ Add			Jacksonville Fl. 32277
____ Remove			
3) ____ Change			
____ Add			
____ Remove			
4) ____ Change			
____ Add			
____ Remove			
5) ____ Change			
____ Add			
____ Remove			
6) ____ Change			
____ Add			
____ Remove			

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

Oceanfront Cannabis Inc. is a Compassionate Use Learning Center; founded by Mr. Morris Jeff, we educate patients in the proper use of cannabis and organic herbal holistic medicine and teaching on how to grow. We provide quality, relevant, and varied educational programs for the intellectual, cultural, and personal growth of our members that are interested in alternative medical solutions. We are devoted to improve the lives of our patients and to improve our community.

Oceanfront Cannabis Inc. is committed to the research and development in herbal and cannabis medicines.

In offering education and training opportunities, our patients will be able to learn about; the highest quality herbs and organic medical grade marijuana products that is available to patients in the State of Florida. Our center is for patients that wish to improve their quality of life, from the suffering of seizures, severe and persistent muscle spasms, pain, nausea, loss of appetite, and other symptoms associated with serious medical conditions such as cancer. Holistic living enhances ones life with other naturopathic and conventional therapies used to treat their debilitating illness. We have a highly trained professional staff; our staff is very knowledgeable in the field of Holistic Remedies, Alternative Medicines and Medical Marijuana.

The date of each amendment(s) adoption: _____, if other than the date 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 does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) **(CHECK ONE)**

☐ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

☒ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated 12/02/2016

Signature _____

(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Morris Jeff

(Typed or printed name of person signing)

CEO,

(Title of person signing)