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Division of Corporations

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From:

: EMPIRE CORPORATE KIT COMPANY Account Name

Account Number: 072450003255 : (305)634-3694 Phone Fax Number : (305)633-9696

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

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## COR AMND/RESTATE/CORRECT OR O/D RESIGN MJ TECHNOLOGY, INC.

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EMPIRE CORP KIT

PAGE 01/04

49: TØ

## Articles of Amendment to Articles of Incorporation of

|  | NOLOGY, INC.                        |                          |                           |        |
|--|-------------------------------------|--------------------------|---------------------------|--------|
| (Name of Corporation as curre  | ntly filed with the Florida Dept.   | of State)                |                           |        |
| P110   | 000029158                           |                          |                           |        |
| (Document Num  | ber of Corporation (if known)       |                          |                           |        |
| Pursuant to the provisions of section 607.1006 amondment(s) to its Articles of Incorporation:  | , Florida Statutes, this Florida Po | rofit Corporation add    | opts the following        | 3      |
| A. If amending name, enter the new name of   | the corporation:                    |                          |                           |        |
| MJ TECH  | NOLOGIES, INC.                      |                          | The new                   |        |
| name must be distinguishable and contain the abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "professional and the contain the contain the contain the word "chartered," "professional and the contain the conta | designation "Corp," "Inc," or "C    | Co". A professional o    | =d" or the<br>corporation |        |
| B. Enter new principal office address, if appli  |                                     | 14.5                     | <del>la co</del> rte      |        |
| (Principal office address MUST BE A STREET   | (ADDRESS)                           |                          | = =                       | i      |
|  |                                     | ç.                       |                           | 124    |
|  |                                     |                          | MAR 30                    | HINGS. |
| C. Enter new mailing address, if applicables (Mailing address MAY BE A POST OFFICE BOX)  |                                     |                          |                           |        |
|  |                                     |                          | -                         |        |
| D. If amending the registered agent and/or re  |                                     | a, enter the name of     | <u>the</u>                |        |
| new registered agent and/or the new regist   | tered office address:               |                          |                           |        |
| Name of New Registered Agent:  |                                     |                          |                           |        |
|  |                                     |                          |                           |        |
| New Registered Office Address:   | (Florida street address)            |                          |                           |        |
|  |                                     | , Florida                |                           |        |
| -  | (City)                              | (Zip Code)               |                           |        |
| New Registered Agent's Signature, if changing I hereby accept the appointment as registered ag   |                                     | ot the obligations of th | e position.               |        |
| Sig  | gnature of New Registered Agent,    | if changing              |                           |        |

Page 1 of 3

411000083468

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) Type of Action Title Name Address ☐ Add ☐ Remove ☐ Add ☐ Remove ☐ Add
☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisious for implementing the amendment if not contained in the amendment itself; (if not applicable, indicate N/A)

Page 2 of 3

| The date of each amendmen                         | t(s) adoption: 🔄  | 3/30/11   |
|---|-------------------|---|
|   |                   | (date of adoption is required)  |
| Effective date if applicable:                     | (no more than     | n 90 days after amendment file date)  |
| Adoption of Amendment(s)                          | Œ                 | CHECK ONE)  |
| The amendment(s) was/we by the shareholders was/w |                   | he shareholders. The number of votes cast for the amendment(so approval.  |
|   |                   | the shareholders through voting groups. The following statements group entitled to vote separately on the amendment(s):             |
| "The number of votes                              | cast for the ame  | endment(s) was/were sufficient for approval   |
| by  |                   |   |
|   | (voting group)    |   |
| The amendment(s) was/we action was not required.  | ere adopted by th | he board of directors without shareholder action and shareholder  |
| The amendment(s) was/we action was not required.  | ere adopted by th | he incorporators without shareholder action and shareholder   |
| Dated_3/30  |                   |   |
| sele  | a director, pres  | sident or other officer - if directors or officers have not been orporator - if in the hands of a receiver, trustee, or other court |
| app   | somted nductary   | y by that fiduciary)  MARK D. COHEN   |
|   | (T                | yped or printed name of person signing)   |
| ·   |                   | INCORPORATOR  |
|   | (Title            | of person signing)  |

Page 3 of 3