# Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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COR AMND/RESTATE/CORRECT OR O/D RESIGN TRUST TOBACCO INTERNATIONAL CORPORATION

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December 1, 2011

FLORIDA DEPARTMENT OF STATE

TRUST TOBACCO INTERNATIONAL CORPORATION 4129 SOUTHERLAND RD STE D HOUSTON, TX 77092

SUBJECT: TRUST TOBACCO INTERNATIONAL CORPORATION

REF: P11000100995

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please change the document number on the first page of the amendment form from H11000277215 to P11000100995.

If you have any questions concerning the filing of your document, please call (850) 245-6907.

Annette Ramsey Regulatory Specialist II FAX Aud. #: H11000281089 Letter Number: 511A00026934

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#### COVER LETTER

| TO: Amendment Section Division of Corporations   |   |
|--|---|
| NAME OF CORPORATION: TRUST TO  | DBACCO INTERNATIONAL CORPORATION  |
| DOCUMENT NUMBER: P11000100995  |   |
| The enclosed Articles of Amendment and fe  | e are submitted for filing.   |
| Please return all correspondence concerning  | this matter to the following:   |
| GENEVA SORENSEN  |   |
| ·  | Name of Contact Person  |
| CAPITOL SERVICES CO  | RPORATE FILING TEAM   |
|  | Pirm/ Company   |
| 800 BRAZOS, SUITE 400  |   |
| <u> </u>   | Address   |
| ATIOTEL TO TETAL   |   |
| AUSTIN, TX 78701   | City/ State and Zip Code  |
|  | ·   |
| kreichlin@krcl.com   |   |
| E-mail address: (  | to be used for future annual report notification)   |
|  |   |
| For further information concerning this matter   | or, please call:  |
|  | ·   |
| Geneva Sorensen  | nt (800 ) 345-4647  |
| Name of Contact Person   | Area Code & Daytime Telephone Number  |
| Enclosed is a check for the following amount   | t made payable to the Florida Department of State:  |
| ☑ \$35 Filing Fee ☐\$43.75 Filing F  Certificate of St   |   |
| 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 |

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Articles of Amendment to Articles of Incorporation of

SECRETARY OF STATE
TALLAHASSEE. FLORIDA

| (Name of Corporation as currently filed with the Florida Dept. of State)  P11000100995  (Document Number of Corporation (if known)  Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:  A. Hamending name, enter the new pages of the corporation;  Trust Tobacco International Company  The new name must be distinguishable and contain the word "corporation," "compony," or "incorporated" or the abbreviation "Corp.," "Inc." or Co.," or the dissignation "Corp." "Inc." or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."  B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS))  C. Enter new mailing address, if applicable: (Principal office address MAY BE A POST OFFICE BOX)  D. If amending the resistered agent and/or registered office address;  Name of Naw Registered Agent:  (Florida sweet address)  New Registered Office Address:  (Cly)  (Cly)  (Cly)  (Do Cods) | Trust Tobacco International Corporation  |
|---|--|
| (Document Number of Corporation (if known)  Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the follows amendment(s) to its Articles of Incorporation:  A. Hamending name, enter the new name of the corporation:  Trust Tobacco International Company  The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp,," "Inc.," or "Co." A professional corporation name must contain the word "chartered," professional association," or the abbreviation "P.A."  B. Enter new principal office address, Happlicable: (Principal office address MUST BE A STREET ADDRESS)  C. Enter new mailing address, Happlicable: (Mailing address MAY SE A POST OFFICE BOX)  D. Hamending 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 sures address)   |  |
| (Document Number of Corporation (if known)  Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:  A. Hamending name, enter the new name of the corporation:  Trust Tobacco International Company  The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp,," "Inc.," or "Co." A professional corporation name must contain the word "chartered," professional association," or the abbreviation "P.A."  B. Enter new principal office address, Happlicable: (Principal office address MUST BE A STREET ADDRESS)  C. Enter new mailing address, Happlicable: (Mailing address MAY BE A POST OFFICE BOX)  D. Hamending 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 sweet address)  New Registered Office Address:  (City)  (Up Cods)  New Registered Agent's Signature, if changing Registered Agent;  | P11000100995   |
| A. Hamending name, enter the new spine of the corporation:  Trust Tobacco International Company The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."  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. Hamending the registered agent and/or registered office address in Florida, enter the name of the new registered office address:  Name of New Registered deem:  (Florida street address)  New Registered Office Address:  (Clay)  (Clay Code)  New Registered Agent's Signature, if changing Registered Agents  |  |
| Trust Tobacco International Company The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."  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;  Name of New Registered Agent:  (Florida street address)  New Registered Office Address:  (Cly)  (Up Code)  New Registered Agent's Signature, if changing Registered Agent;  |  |
| The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Cop,, "Inc.," or "Co.", or the designation "Corp, "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."  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;  Name of New Registered Agent:  (Florida street address)  New Registered Office Address:  (Clay)  (Clay)  New Registered Agent's Signature, if changing Registered Agents   | A. If amending name, enter the new name of the corporation:  |
| abbreviolian "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."  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 office address;  Name of New Registered Agent:  (Florida street address)  New Registered Office Address: (City)  | Trust Tobacco International Company  |
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| (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 office address:  Name of New Registered Agent:  (Florida street address)  New Registered Office Address: (City) (Lip Cods)  | B. Enter new principal office address, if applicable:  |
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| New Registered Agent's Signature, if changing Registered Agent:   |  |
| New Registered Agent's Signature, if changing Registered Agent:   |  |
| New Registered Agent's Signature, if changing Registered Agent:   |  |
| (Florida street address)  New Registered Office Address: (City) (Zip Coda)  New Registered Agent's Signature, if changing Registered Agent:   | D. If amending the registered agent and/or registered office address in Florida, enter the name of the<br>new registered agent and/or the new registered office address;               |
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| (City) (Lip Coda)  New Repistered Agent's Signature, if changing Registered Agent:  |  |
| New Registered Agent's Signature, if changing Registered Agent:   | New Registered Office Address: (Cltv) (Zia Code)   |
|   | · · · · · · · · · · · · · · · · · · ·  |
|   |  |
|   | New Registered Agent's Signature, if changing Registered Agent:<br>I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. |
| Signature of New Replatered Agent, if changing  | Simulton of New Popietared Agent if changing   |

Page 1 of 4

| ine record (              | O De. Please | indicate the title(s), name and i  | of direct for each | directors of the corporation as you now wan<br>h officer/director.<br>than 6 officers/directors, please list them on a |
|---------------------------|--------------|------------------------------------|--------------------|--|
| additional si<br>Title(8) | iest.)       | Name                               |                    | ddress   |
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| <u>f removii</u>          | VG un office | r and/or director, please list the | title(s) and an    | me of the officer/director to be removed:  |
| <u> ([tle(s)</u>          | <u>Name</u>  |                                    | Title(s)           | Name   |
| )                         |              |                                    | 4)                 | -  |
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## H11000281089

| <u>Hamending or adding additional Art</u> (attach additional sheets, if necessary). | (Be specifia)                         |                                       |
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| provisions for implementing the am                            | (change, reclassification, or cancellation of issued shares, endment if not contained in the amondment itself;   |             |
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| (if not applicable, indicate N/A)                             |  |             |
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| he date of each amendment(s) adoption                         | a: November 28, 2011   |             |
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| Teetive date <u>if applicable</u> :                           |  | <del></del> |
|   | (no more than 90 days after amendment file date)   |             |
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| ioption of Amendment(s)                                       | (CRECK ONE)  |             |
| must be separately provided for each ve                       | by the shareholders through voting groups. The following statement oring group entitled to vote separately on the amendment(s):  amendment(s) was/were sufficient for approval   |             |
| The number of votes cast for the                              | amenoments) was wore sufficient for approval   |             |
| by  | (voting group)   |             |
| The amendment(s) was/were adopted by action was not required. | y the board of directors without shareholder action and shareholder  |             |
|   | the incorporators without shareholder action and shareholder   |             |
| action was not required.                                      |  |             |
| > Dated 1//2  | 9 1 11   | •           |
|   | The second section of the section of th |             |
| Signature   |  |             |
| selected, by an   | president or other officer - if directors or officers have not been incorporator - if in the hands of a receiver, trustee, or other court ciary by that fiduciary)   |             |
| , <b>Y</b> M  | eses musallam  |             |
| ×   | (Typed or printed name of person signing)  | -           |
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|   | Sole Director  | _           |
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