P12000076036

(Re	questor's Name)	.
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
· (Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



400241166304

11/05/12--01028--007 **35.00

TILED
12 NOV -5 PH 6: 51
SECRETARY OF STATE

COVER LETTER

TO: Amendment Section Division of Corporations

 NAME OF CORPO	RATION: TOTALLY WI	CKED CIGARETTES	S DISTRIBUTOR INC
DOCUMENT NUM	BER: P1200007603	86	
	of Amendment and fee are su		
Please return all corre	spondence concerning this ma	tter to the following:	
	Chandra Mehta		
		Name of Contact Person	n
	S. B. S., LTD.		
	<u> </u>	Firm/ Company	
	P. O. BOX-6282		
		Address	
	BRANDON, FL.	33508	
		City/ State and Zip Cod	e
shi	risai52@hotmail.c	om	,
		sed for future annual report	notification)
	·	•	- · · · · · · · · · · · · · · · · · · ·
For further informatio	n concerning this matter, pleas	se call:	
Chandra Me	hta, C. P. A.	_{at (} 813	, 793-4571
Name	of Contact Person	Area Co	ode & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment 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			Address dment Section
Division of Corporations		Division of Corporations	
P.O. Box 6327 Tallahassee, FL 32314			Building Executive Center Circle
		Tallahassee, FL 32301	

Articles of Amendment Articles of Incorporation

TOTALLY WICKED CIGARETTES DISTRIBUTOR INC

(Name of Corporation as currently filed with the Florida Dept. of State) P12000076036 (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. If amending name, enter the new name of the corporation: CT TECH INC. 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 <u>MUST_BE A_STREET ADDRESS</u>) 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: (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 postular signature of New Registered Agent, if changing

ĩ

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 <math>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	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	<u>nes</u>	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> 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				

<mark>amending or adding additional Art</mark> ttach <i>additional sheets, if necessary)</i> .	(Be specific)	
		·
	100 100 100 100 100 100 100 100 100 100	
		· · · · · · · · · · · · · · · · · · ·
		•
		
		-
<u> </u>		
an amendment provides for an excl	ange, reclassification, or cancellation of i	ssued shares,
rovisions for implementing the ame	idment if not contained in the amendmen	t itself:
(if not applicable, indicate N/A)		

The date of each amendment(s)	adoption: October 1st, 2012
Effective date if applicable:	October 1st, 2012
<u> </u>	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes ca	sst for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voling group)
action was not required.	adopted by the board of directors without shareholder action and shareholder adopted by the incorporators without shareholder action and shareholder
action was not required.	
Dated 11/02	2/2012
Signature (Pour	Eulen chavir
selec	director, president or other officer – if directors or officers have not been sted, by an incorporator – if in the hands of a receiver, trustee, or other court sinted fiduciary by that fiduciary)
	Suleman Charania
	(Typed or printed name of person signing)
	Incorporator
	(Title of person signing)