## P13000063511

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Cf \* 8/14/2022

## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: VAPE QUEEN. INC.

DOCUMENT NUMBER: P13000063511

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

Please return all correspondence concerning this matter to the following:

DEBRA PICA-CAMILLA

Name of Contact Person

VAPE QUEEN INC

Firm Company

5977 S UNIVERSITY DRIVE

Address.

DAVIE, FL 33328

City State and Zip Code

DLPICA@OUTLOOK.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

 DEBRA PICA-CAMILLA
 at (254)
 530-1533

 Nume of Contact Person
 Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

🔳 - \$35 Filing Fee

□ S43.75 Filing Fee & Certificate of Status □\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) □S52.50 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 <u>Street Address</u> Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

VAPE QUEEN, INC.

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

P13000063511

(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:

	<u>N/A</u>	The
une must be distinguishable and contain the word "corporation," " 'nc.," or Co.," or the designation "Corp." "Inc," or "Co", 'hartered," "professional association," or the abbreviation "P.A.	A professional corporation na	
<u>Enter new principal office address, if applicable:</u> Principal office address <u>MUST BE A STREET ADDRESS</u> )	<u>N/</u> A	
. <u>Enter new mailing address, if applicable:</u> (Mailing address <u>MAY BE A POST OFFICE BOX</u> )	NA	
. If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres		<u>ie of the</u>
		<u>ie of the</u>
new registered agent and/or the new registered office address Name of New Registered Agent	<u>k:</u> A treet address)	<u>e of the</u>
Name of New Registered Agent         (Floridh start)	<u>k:</u> A treet address)	

N/A Signature of New Registered Agent, it changing

## Check if applicable

□ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

. .

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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, it 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: IR= 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: <u>X</u>Change

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ΡT	John Doc

<u>X</u> Remove	V	Mike Jones	
<u> </u>	<u>SV</u>	Sally Smith	
<u>Type of Action</u> (Check One)	<u>Title</u>	Name	<u>Addres</u> s
E) Change	VΡ	GABRIELLE PICA-BRAISTED	5977 S UNIVERSITY DRIVE
XAdd		· <b> </b> _	DAVIE, FL 33328
Remove			
2) Change			
Add			
Remove 3.) Change			
Add			
Remove			· · · · · · · · · · · · · · · · · · ·
↔)Change			
Add			
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57 Change			
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E. If amending or adding additional Ar (Attach additional sheets, if necessary).	(Be specific)		1 /.	
			N/A	
			7	
			/	
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			· ·	
			····	
		11	Alternation Income	
F. If an amendment provides for an exe provisions for implementing the am	change, reclassification mendment if not contained	ined in the amend	ment itself:	
(if not applicable, indicate N/A)			1/.	
			N/A	
			/	
	<b></b>			
	<u></u>			

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The date of each amendment(s) adoption:	1/1/2022	, if other than the
date this document was signed.	//	
1/1/2022		

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 incorporators, or board of directors without shareholder action and shareholder action was not required.
- The amendment(s) was were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- The amendment(s) was were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was were sufficient for approval

APE QUEEN, I	NC
5/30/2	٦
Dated	
Signature	Altri fice amillo
NC	y a director, president or other officer – if directors or officers have not been lected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	DEBRA PICA-CAMILLO
	(Typed or printed name of person signing)
	PRESIDENT

(Title of person signing)