## P1400003022

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03/24/14--01057--009 \*\*43.75

14 MAR 24 AM 9: 35

Amend

MAR 2 7 2014 T. CARTER

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

	Polanons					
NAME OF CORPO	D1/10000	RAPS TOBAG 3022	CCO INC			
DOCUMENT NOW	IDER;					
The enclosed Article	s of Amendment and fee are su	bmitted for filing.				
Please return all correspondence concerning this matter to the following:						
	DIA	NA ABIFAY				
	Name of Contact Person KING WRAPS TOBACCO INC					
	Firm/ Company 4113 LINDA LN					
	WEST PALM BEACH, FL 33406					
		City/ State and Zip Code				
	KINGWRAPSTO	ВАССО@НОТМА	AIL.COM			
		sed for future annual report				
For further information concerning this matter, please call:						
DIANA	ABIFAYKER	at (561	, 907-9457			
Name	e of Contact Person	Area Co	de & Daytime Telephone Number			
Enclosed is a check	for the following amount made	payable to the Florida Depa	rtment 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**



KING WRAPS TOBACCO INC

14 MAR 24 AM 9: 35

## (Name of Corporation as currently filed with the Florida Dept. of State) P14000003022

nent(s) to

(Document Numbe	r of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation:	orida Statutes, this <i>Florida</i>	<b>Profit Corporation</b> adopts the following amend
A. If amending name, enter the new name of th	e corporation:	
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "C word "chartered," "professional association," or	forp, " "Inc," or "Co". A	
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A	able:	
(Francipul Office dudress MOST BE A STREET A		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<i>BOX</i> )	
D. If amending the registered agent and/or reginew registered agent and/or the new register	istered office address in F	orida, enter the name of the
Name of New Registered Agent	· · ·	
	(Florida street addres	rss)
New Registered Office Address:		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing I	Registered Agent:	
I hereby accept the appointment as registered ager	nt. 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.

X Change	PT	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	Р	DIANA A FAYKER	4113 LINDA LN
Add			WEST PALM BEACH, FL
Remove			33406
2) Change	Р	DIANA ABIFAYKER	4113 LINDA LN
Add			WEST PALM BEACH, FL
Remove			33406
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)
THIS AMENDING IS FOR CHANGING OFFICER LAST NAME, WHICH WAS WROI
ENTERED
· ·
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,
provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)
(y not applicable, malcale NA)

The date of each amendment(s)	adoption: 03/05/2014	, if other than the
date this document was signed.		, if outer than the
Effective date <u>if applicable</u> : 0	3/05/2014	
	(no more than 90 days after amendment file date)	_
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were aby 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	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were a action was not required.	adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were a action was not required.	adopted by the incorporators without shareholder action and shareholder	
D 03/0	05/2014	
DatedSignature	THE STATE OF THE S	
(By a select	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)	_
	DIANA ABIFAYKER	
	(Typed or printed name of person signing)	_
	PRESIDENT	
	(Title of person signing)	_