# P14000011680

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SECONDARY OF STATE

Amend + Name Change

AUG 1 4 2014 T. CARTER

#### **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: HEMPTECHRX INC
DOCUMENT NUMBER: P14000041680

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

Please return all correspondence concerning this matter to the following:

#### KARIN ROHRET

Name of Contact Person

COMPREHENSIVE BUSINESS SERVICE INC

Firm/ Company

11125 PARK BLVD STE 104-225

Address

SEMINOLE FL 33772

City/ State and Zip Code

### KAROH2004@YAHOO.DE

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

For further information concerning this matter, please call:

KARIN ROHRET

...727

643-7802

Name 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

□\$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** Articles of Incorporation

14 AUG -4 PM 3:55

## **HEMPTECHRX INC**

(Name of Corporation as currently filed with the Florida Dept. of State) D14000041690

ent(s) to

	F 1400004 100	J	
(Document Number	er of Corporation (if known)		
cursuant to the provisions of section 607.1006, Fl is Articles of Incorporation:	orida Statutes, this Florida Proj	fit Corporation adopts the follo	owing amendm
a. If amending name, enter the new name of the	he corporation:		
* *	B SCIENTIFIC I	NC	The nev
ame must be distinguishable and contain the 'Corp.," "Inc.," or Co.," or the designation "Cord "chartered," "professional association," or	Corp," "Inc," or "Co". A pro		ne abbreviatio
B. Enter new principal office address, if applic			
Principal office address <u>MUST BE A STREET</u>	ADDRESS )		
	<del></del>		
		s. s	
Enter new mailing address, if applicable:	C ROW		
(Mailing address <u>MAY BE A POST OFFICE</u>	<u></u>		
			<del></del>
o. If amending the registered agent and/or reg	vistared office address in Flori	do enter the name of the	
new registered agent and/or the new registe		aa, enter the name of the	
Name of New Registered Agent			
The of the Register en Ingens			
. <del></del>	(Florida street address)		
New Registered Office Address:		, Florida	
	(City)	(Zip Code	<del></del>
lew Registered Agent's Signature, if changing hereby accept the appointment as registered age		ent the obligations of the positi	'on
nereoy accept the appointment as registered age	m. Tum jummur win unu ucci	epi ine obligations of the positi	on.
	CN D to 14 year		

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.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	VP	CAMERON COX	
Add		•	
Remove			
2) Change	PTD	SAEED TALARI	3637 - 4TH STREET N
Add			STE 330
Remove			ST PETERSBURG FL 3370
3) Change	S	KARIN ROHRET	3637 - 4TH STREET N
Add			STE 330
Remove			ST PETERSBURG FL 3370
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			- · · · · · · · · · · · · · · · · · · ·
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
provisions for implementing the amer	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) ad	option:	, if other than the
date this document was signed.	00/04/0044	
Effective date if applicable:	08/01/2014	
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado by the shareholders was/were sur	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.	
	roved by the shareholders through voting groups. The following statement 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	
by	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	(voting group)	
The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder	
Datad	08/01/2014	
Dated		
Signature	Ah	
(By a di	rector, president or other officer - if directors or officers have not been	
	l, by an incorporator – if in the hands of a receiver, trustee, or other court	
appoint	ed fiduciary by that fiduciary)	
	SAEED TALARI	
	(Typed or printed name of person signing)	
	DIRECTOR-PRESIDENT	
•	(Title of person signing)	<del></del>