## P15000037129

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MAY 1 3 2016

C. CARROTHERS



## **COVER LETTER**

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**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: MOOD TOBACC	O INC			
DOCUMENT NUMI	P15000037129				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
	Nancy P. Alshalabi				
		Name of Contact Person	1		
	MOOD TOBACCO INC				
		Firm/ Company			
	4901 W Rio Visa Ave. Suite B				
	Address				
	Tampa, FL 33634				
		City/ State and Zip Cod	e		
mood	itobacco@gmail.com				
	E-mail address: (to be us	sed for future annual report	notification)		
For further informatio Nancy P. Alshalabi	n concerning this matter, pleas		. 731-0681		
	of Contact Person	at (813	)		
	or the following amount made		,		
\$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)		
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle assee, FL 32301		

## Articles of Amendment to . Articles of Incorporation of

()	-6.6	Also file di suitale also file si de Dissa de Che	.4.2		
P15000037129	of Corporation as curren	tly filed with the Florida Dept. of Sta	<u>ite</u> )		
	(Document Number	of Corporation (if known)			
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, thi	s Florida Profit Corporation adopts th	e following amendment(s)		
A. If amending name, enter the new n	ame of the corporation:	·			
N/A		•	The new		
name must be distinguishable and cor "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associd	nation "Corp," "Inc," or	"Co". A professional corporation no			
B. Enter new principal office address,	if applicable:	4901 W RIO VISTA AVE.	第三		
(Principal office address <u>MUST BE A S</u>		SUITE B	TO B		
		TAMPA, FL 33634	デス		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		4901 W RIO VISTA AVE.	··· N		
· · · · · · · · · · · · · · · · · · ·			SUITE B		
·		TAMPA, FL 33634			
O. If amending the registered agent an new registered agent and/or the ne			<u>e</u>		
Name of New Registered Agent	Nancy P. Alshalabi				
	4001 N/ D/O 1//CT + 41/	F SINTER	- <del></del>		
	4901 W RIO VISTA AV	L. JUITE D			
		reet address)	<del></del>		
<u>New Registered Office Address:</u>			33634		

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	<u>PT</u>	John Doe			
X Remove	<u>v</u>	Mike Jones			
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	Title	<u>Name</u>	Address		
1) X Change	P	NANCY P ALSHALABI	4901 W RIO VISTA AVE.		
Add			SUITE B		
Remove			TAMPA, FL 33634		
2) Change	S	JAMAL L ALSHALABI	4901 W RIO VISTA AVE.		
X Add			SUITE B		
Remove			TAMPA, FL 33634		
3) Change					
Add					
Remove					
4) Change					
Add					
Remove					
5) Change					
Add					
Remove					
6) Change		Contract County Contract Contr			
Add					
Remove					

. If amending or adding additional Articles, enter (Attach additional sheets, if necessary). (Be specified)	change(s) here	ž:			,
1/A	- 1				
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·		<u></u>	· ·	***	
If an amendment provides for an exchange, recliprovisions for implementing the amendment if (if not applicable, indicate N/A)	assification, or not contained i	cancellation of i	ssued shares, it itself:		·
					٠
				<u></u>	
	<del></del>				
•					

	MAY 9TH., 2016	
The date of each amendment date this document was signed	•	, if other than the
Effective date if applicable:	MAY 9TH., 2016	
Effective date <u>if applicable</u> .	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this date will not be Department of State's records.	ot be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	• •
☐ The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
	re approved by the shareholders through voting groups. The following statement and 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	,
by	."	
*	(voting group)	
action was not required.  The amendment(s) was/wer action was not required.	re adopted by the board of directors without shareholder action and shareholder re adopted by the incorporators without shareholder action and shareholder	
MAY Dated	9TH., 2016	
A CONTRACTOR OF THE PROPERTY O	8	
Signature		
se	by a director, president or other officer — if directors or officers have not been elected, by an incorporator — if in the hands of a receiver, trustee, or other court oppointed fiduciary by that fiduciary)	
	JAMAL L ALSHALABI	
	(Typed or printed name of person signing)	
	SECRETARY	
	(Title of person signing)	
•		
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