## P1600055390

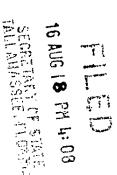
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## **COVER LETTER**

TO: Amendment Section Division of Corporations Endocannabinoid Support Products, Inc. NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Stacy Peterson Name of Contact Person Endocannabinoid Support Products, Inc. Firm/ Company 3888 King Edwards St. Address Fort Myers, FL 33916 City/ State and Zip Code stacy@connoils.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (262 ) 662-3335

Area Code & Daytime Telephone Number Stacy Peterson Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ☐ \$35 Filing Fee S43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee

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enclosed)

(Additional copy is

## **Mailing Address**

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Certificate of Status

Street Address

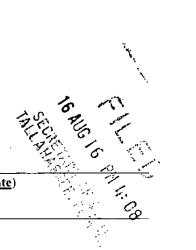
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Certificate of Status

Certified Copy

(Additional Copy is enclosed)

## Articles of Amendment to Articles of Incorporation of



	<u> </u>	
ndocannabinoid Support Products, Inc.	\$160000 55390	ate)
	(Document Number of Corporation (if known)	
rsuant to the provisions of section 607 Articles of Incorporation:	.1006, Florida Statutes, this Florida Profit Corporation adopts the	ne following amendment
If amending name, enter the new n	ame of the corporation:	
		The new
	stain the word "corporation," "company," or "incorporated" nation "Corp," "Inc," or "Co". A professional corporation n ntion," or the abbreviation "P.A."	
Enter new principal office address, rincipal office address		
Parkers and Proceedings of the second	·	
Enter new mailing address, if appl		
Enter new mailing address, if appl (Mailing address MAY BE A POST		
(Mailing address <u>MAY BE A POST</u>	<u>OFFICE BOX</u> )	
(Mailing address MAY BE A POST  If amending the registered agent ar	OFFICE BOX)  ad/or registered office address in Florida, enter the name of the	h <u>e</u>
(Mailing address MAY BE A POST  If amending the registered agent are new registered agent and/or the new registered agent agen	OFFICE BOX)  nd/or registered office address in Florida, enter the name of the registered office address:	n <u>e</u>
(Mailing address MAY BE A POST  If amending the registered agent ar	od/or registered office address in Florida, enter the name of the registered office address:  Stacy Peterson - PRESIDENT	n <u>e</u>
(Mailing address MAY BE A POST  If amending the registered agent are new registered agent and/or the new registered agent agen	nd/or registered office address in Florida, enter the name of the registered office address:  Stacy Peterson - PRESIDENT  3888 King Edwards St. Fort Myers, FL 33916	n <u>e</u>
(Mailing address MAY BE A POST  If amending the registered agent are new registered agent and/or the new registered agent agen	od/or registered office address in Florida, enter the name of the registered office address:  Stacy Peterson - PRESIDENT	<u>he</u>
(Mailing address MAY BE A POST  If amending the registered agent are new registered agent and/or the new registered agent agen	nd/or registered office address in Florida, enter the name of the registered office address:  Stacy Peterson - PRESIDENT  3888 King Edwards St. Fort Myers, FL 33916	

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	Address
1) X Change	P	Stacy Peterson	3888 King Edwards St.
Add			Fort Myers, FL 33916
Remove			
2) Change	····		
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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		·			
an amendment provides for an exc	hange, reclassific	ation, or cancell	ation of issued sl	nares,	
rovisions for implementing the ame	endment if not co	ntained in the a	<u>nendment itself:</u>		
(if not applicable, indicate N/A)					
		·			
	<u></u>				

date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, the epartment of State's records.	nis date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were ac by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amenda ufficient for approval.	ment(s)
	proved by the shareholders through voting groups. The following streach voting group entitled to vote separately on the amendment(s)	
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
action was not required.  □ The amendment(s) was/were ac	opted by the board of directors without shareholder action and shareholder opted by the incorporators without shareholder action and sharehold	
action was not required.		
8/10/16 Dated		
Signature	Hacy Peterson	
	director, president or other officer – if directors or officers have not ed, by an incorporator – if in the hands of a receiver, trustee, or other	
	ated fiduciary by that fiduciary)	Do to
	Stacy Peterson	
	(Typed or printed name of person signing)	6
	President	
	(Title of person signing)	- 1. 08 - 08