

P/b 000063107

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

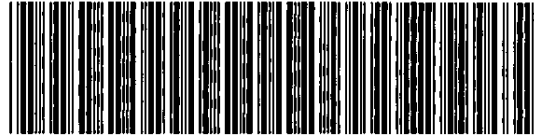
(Business Entity Name)

(Document Number)

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2016 SEP -7 AM 7:00
CLERK OF STATE
TALLAHASSEE FLORIDA

SEP 15 2015

C. CARROTHERS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 25, 2016

ADAM MAMAN
BLASTED SMOKE SHOP INC
201 SAINT LUCIE LANE UNIT 406
COCOA BEACH, FL 32931

SUBJECT: BLASTED SMOKE SHOP, INC.
Ref. Number: P16000063107

We have received your document for BLASTED SMOKE SHOP, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

ONLY CHECK ONE BOX ON PAGE 4 OF 4

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Cathy A Carrothers
Regulatory Specialist

Letter Number: 016A00018153

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: BLASTED SMOKE SHOP, INC.

DOCUMENT NUMBER: P16000063107

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

Please return all correspondence concerning this matter to the following:

ADAM MAMAN

Name of Contact Person

BLASTED SMOKE SHOP, INC.

Firm/ Company

201 SAINT LUCIE LANE, UNIT 406

Address

COCOA BEACH, FL 32931

City/ State and Zip Code

BLASTEDSMOKESHOP@GMAIL.COM

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

For further information concerning this matter, please call:

ADAM MAMAN

Name of Contact Person

at (917) 349-2950

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
to
Articles of Incorporation
of

BLASTED SMOKE SHOP, INC.

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

P16000063107

(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:

A. If amending name, enter the new name of the corporation:

N/A

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

201 SAINT LUCIE LANE, UNIT 406

COCOA BEACH, FL 32931

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

201 SAINT LUCIE LANE, UNIT 406

COCOA BEACH, FL 32931

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent

N/A

(Florida street address)

New Registered Office Address:

(City)

Florida

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

(Attach additional sheets, if necessary). (Be specific)

[illegible]

(if not applicable, indicate N/A)

[illegible]

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

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 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

by _____
(voting group)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☒ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 08/08/2016 _____

Signature _____

(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

ADAM MAMAN

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)