P160000 90798

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COVER LETTER

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: Medi Canna Vision Inc DOCUMENT NUMBER: P16 00090798 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: David Russell
Name of Contact Person

Canna Vision

Firm/ Company GG24 Azle Ave

Address

For t Worth TY 76135

City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: David Russell

Name of Contact Person at (8/7) 77/- 0909 Area Code & Davtime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: □\$52.50 Filing Fee \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed) Street Address Mailing Address Amendment Section Amendment Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

Medi Canna Vis	100	In	<u>_</u>			7	UIYFE	312	PM	կ։ կ
(Name of Corporation	n as curre	ntly file	d with	the Flor	ida Dept	. of Stat	e) .		nr :	STATE
(<u>Name of Corporation</u>) P16000090798							iáll.	<u> ŠĖAS</u>	SSEE	, FL
(Docume	ent Number	r of Co	poration	n (if knov	vn)		-			
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, th	nis <i>Flot</i>	ida Pro	fit Corpo	eration ac	lopts the	followin	ig amei	ndmen	t(s) to
A. If amending name, enter the new name of the cor	poration:									
Cannalision Inc.								The	new	
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the a	" "Inc," oi	r "Co"	A pro							
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADD</u>		_							_ -	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	Ŋ	_								
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	ed office ac office addr	ddress ess:	in Flori	da, enter	the nar	ne of the				
Name of New Registered Agent						· · · · - · · · ·		_		
	(Florida	street a	ddress)							
New Registered Office Address.						. Florida				
The Manager of Carree Manager		(Cit)	v)			,		Code)		
New Registered Agent's Signature, if changing Registeredy accept the appointment as registered agent.			and acc	ept the o	bligation	s of the _l	osition,			
Signa	ture of Ne	w Regis	tered A	gent, if ch	hanging			_		

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 Do	<u>e</u>	
X Remove	V	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	nith	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		-		
Add				
Remove				
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		<u> </u>		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		_		
Add				
Remove				

ttach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
or ovisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
(,	

The date of each amendment(s) adoption: $\frac{12/25/20(8)}{2000000000000000000000000000000000000$	
Effective date if applicable: 12/25/2018 (no more than 90 days after amendment file date)	
(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 w document's effective date on the Department of State's records.	ill not be listed as the
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)	
(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	
Signature De Russell	
(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)	
(Typed or printed name of person signing)	
(Typed or printed name of person signing)	
C.F.O. (Title of person signing)	
(Title of person signing)	