P16000091591

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
<i>,</i>

Office Use Only



800280061558

03/14/17--01017--016 **35.00







EDWARD B. COHEN, ESQ. ecohen@cohenkotler.com

MICHAEL I. KOTLER, ESQ.

mkotler@cohenkotler.com

DAVID C. KOTLER, ESQ. dkotler@cohenkotler.com

www.CohenKotler.com

March 10, 2017

Via Certified 7016 2140 0000 7650 1594

54 SW Boca Raton Boulevard, Boca Raton, FL 33432 • Office: 561-361-9600 • Fax: 561-361-9770

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

Rc: Gulf Coast Canna Meds, Inc – Document # P16000091591

Dear Sir/Madam:

Enclosed is our law firm's check in the sum of Thirty-Five Dollars (\$35.00) for the filing of Cover Letter and Articles of Amendment to Articles of Incorporation of Gulf Coast Canna Meds, Inc. Please file the enclosed and return a copy of the filed Articles in the enclosed self-addressed stamped envelope. Thank you for your assistance with this matter.

Very truly yours,

Georgeann Amodeo

/gla Enclosures



COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	AATION: GULF COAST CA	NNA MEDS, INC			
DOCUMENT NUME	BER:				
The enclosed Articles	of Amendment and fee are sul	omitted for filing.			
Please return all corres	spondence concerning this mat	ter to the following:			
	EDWARD B. COHEN, ESQ	UIRE			
	Name of Contact Person				
	COHEN KOTLER, PA				
		Firm/ Company			
	54 SW BOCA RATON BOL	JLEVARD			
		Address			
	BOCA RATON, FL 33432				
		City/ State and Zip Code	· · · · · · · · · · · · · · · · · · ·		
TOM	@TJMURPHY.COM				
	-	ed for future annual report	notification)		
	in man address. (to ob as	oo tot tatate annual topott			
For further informatio	n concerning this matter, pleas	e call:			
EDWARD B. COHEN, ESQUIRE		561	361-9600		
Name of Contact Person		Area Co	de & Daytime Telephone Number		
Enclosed is a check for	or the following amount made	payable to the Florida Depa	ertment 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		Amend Division Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle assee, FL 32301		

Articles of Amendment

GULF COAST CANNA MEDS, INC

Articles of Incorporation

(Document Number of Corporation (if known) Tursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s Articles of Incorporation: If amending name, enter the new name of the corporation: 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."	(Name of Corporation as cu	urrently filed with the Florida Dept. of State)
ursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s & Articles of Incorporation: If amending name, enter the new name of the corporation: 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." 3. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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 (Florida street address) New Registered Office Address: , Florida ,	P16000091591	
S. Articles of Incorporation: If amending name, enter the new name of the corporation: 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." S. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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 (Florida street address) New Registered Office Address: Florida	(Document Nur	mber of Corporation (if known)
The new man 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." 3. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS } 5. Enter new mailing address, if applicable: (Malling address MAY BE A POST OFFICE BOX) 6. 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 (Florida street address) New Registered Office Address: Florida		es, this Florida Profit Corporation adopts the following amendment(s)
ame 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." 5. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS.) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: , Florida	If amending name, enter the new name of the corporati	ion:
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.) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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 (Florida street address) New Registered Office Address: , Florida , Fl		
Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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 (Florida street address) New Registered Office Address:	"Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.	"," or "Co". A professional corporation name must contain the
O. 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 (Florida street address) New Registered Office Address:, Florida	B. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u>)
O. 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 (Florida street address) New Registered Office Address:, Florida	C. Freeze new mailing address if applicables	
Name of New Registered Agent (Florida street address) New Registered Office Address: New Registered Office Address: , Florida	(Mailing address MAY BE A POST OFFICE BOX)	
Name of New Registered Agent (Florida street address) New Registered Office Address: New Registered Office Address: , Florida		
(Florida street address) New Registered Office Address:, Florida,	D. If amending the registered agent and/or registered offi- new registered agent and/or the new registered office s	ice address in Florida, enter the name of the address:
New Registered Office Address:, Florida	Name of New Registered Agent	
New Registered Office Address:, Florida		
	(Fle	orida street address)
(City) (Zip Code)	New Registered Office Address:	
		(Cily) (Zip Code)
	New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa	1 Agent: amiliar with and accept the obligations of the position.
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.		
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 o	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	PI	John Doe	
X Remove	<u>Y</u>	Mike Jones	
_X Add	<u>s</u> y	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change		***************************************	
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add	- · · · · · · · · · · · · · · · · · · ·		
Remove			
6) Chausan			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

,	(Be specific)
number of shares the Corporation is a	authorized to issue is increased to 1,000,000 shares at a par value of \$1.00
If an amendment provides for an exc provisions for implementing the am (if not applicable, indicate N/A)	change, reclassification, or cancellation of issued shares, tendment if not contained in the amendment itself:
	· · · · · · · · · · · · · · · · · · ·

The date of each amendment(s) adoption:	if other than the
The date of each amendment(s) adoption: date this document was signed.	, it office dian me
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 redocument's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes east 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.	
March 7, 2017	
Dated	
Signature	
(By a director president or other officer - if directors or officers have not been	Refis
selected, by an incorporator — if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
Thomas J. Murphy	
(Typed or printed name of person signing)	
President/Shareholder	
(Title of person signing)	~-