## P16000095730

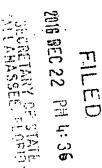
(Re	questor's Name)	
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(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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Jan Jan

## **COVER LETTER**

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: CANNABIS PAYMENT DEPOT INC DOCUMENT NUMBER: P16000095720 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: SANDLEY SAINT-HILAIRE Name of Contact Person CANNABIS PAYMENT DEPOT INC Firm/ Company 7100 WEST CAMINO REAL SUITE 302 Address **BOCA RATON, FL 33433** City/ State and Zip Code CANNABISPAYMENTDEPOT@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: SANDLEY SAINT-HILAIRE at (561) 929-7688 Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations **Division of Corporations** P.O. Box 6327 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314



December 13, 2016

SANDLEY SAINT-HILAIRE 7100 WEST CAMINO REAL, STE 302 BOCA RATON, FL 33433

SUBJECT: CANNABIS PAYMENT DEPOT, INC.

Ref. Number: P16000095720

We have received your document for CANNABIS PAYMENT DEPOT, 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):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

The name and document number of conflict is, "L06000011178 - DGS, LLC".

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.

Carol Mustain Regulatory Specialist II

Letter Number: 716A00026420

## Articles of Amendment to Articles of Incorporation of

CANNABIS PAYMENT DEPOT INC

(Name of	G	Cl. J. 141 41 171	11- D4 -664-4-)	
P16000095720	Corporation as currently	inea with the Fior	ina Dept. of State)	•
	(Document Number of	Corporation (if know	wn)	·· <u>·</u>
Pursuant to the provisions of section 607.10 its Articles of Incorporation:	006, Florida Statutes, this I	Florida Profit Corpo	pration adopts the following	lowing amendment(s)
A. If amending name, enter the new nam				
DG > S	Depot	INC		The new
name must be distinguishable and contai "Corp.," "Inc.," or Co.," or the designat word "chartered," "professional association	tion "Corp," "Inc," or "C	Co". A profession <mark>a</mark>	"incorporated" or t l corporation name i	he abbreviation must contain the
B. Enter new principal office address, if	annlicable:	N/A		
(Principal office address MUST BE A STI		<del> </del>		
		<del></del>		<del>- 50 8 =</del>
				- SSE 2 1
C. Enter new mailing address, if applica	rahla			河畔足の
(Mailing address MAY BE A POST O		N/A 		
				· · · · · ·
D. If amending the registered agent and/ new registered agent and/or the new in the n			r the name of the	
<b>\</b>	registered office address: VA			
Name of New Registered Agent	VA			
_				
	(Florida stre	et address)		
New Registered Office Address: N	J/A		, Florida	
	(	City)		(Zip Code)
New Registered Agent's Signature, if cha	inging Registered Agent:			
I hereby accept the appointment as register		ith and accept the o	bligations of the posi	tion.
	Signature of New Re	raistered Agent if ch	anging	<del></del>

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	PT	John Do	DE	
X Remove	<u>v</u>	Mike Jo	ones	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change				
Add				
Remove				
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add		<del></del>		
Remove				
Remove				**************************************
5) Change	-	_		<del></del>
Add				
Remove				
6) Change				
Add		_		
Remove				

E. If amending or adding additional Articles, enter change(s) here:
(Attach additional sheets, if necessary). (Be specific)

(Attach additional sheets, if necessary). (Be specific)
N/A
· · · · · · · · · · · · · · · · · · ·
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,
provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)
N/A

	, 12/07/2016	
The date of each amendment(s) date this document was signed.	adoption:	, if other than th
<del>-</del>	/07/2016	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this date department of State's records.	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were as by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	oproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
	at for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
_	dopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were as action was not required.	dopted by the incorporators without shareholder action and shareholder	
12/07/201	6	
Dated		
Signature	Jan Holling	
(Ву а	director, plesident or other officer - if directors or officers have not been	
	ed, by an incorporator - if in the hands of a receiver, trustee, or other court	
appoi	nted fiduciary by that fiduciary)	
	SANDLEY SAINT-HILAIRE	
	(Typed or printed name of person signing)	<del></del>
	VICE PRESIDENT	
	(Title of person signing)	