P17000034412

(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)	
(Do	cument Number)	
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Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: 420 BLOCKCHAII	N IN C	
DOCUMENT NUMI	BER: P 17000034412		
The enclosed Articles	of Amendment and fee are sul	omitted for filing.	
Please return all corre	spondence concerning this man	tter to the following:	
	MICHAEL KRAMER		
		Name of Contact Person	
	420 BLOCKCAHIN INC.		
		Firm/ Company	
	1500 KILRUSH DRIVE		, ,
		Address	
	ORMOND BEACH		
	***	City/ State and Zip Code	<u> </u>
MICI	AAEL@FTZPLATFORM.CO	М	
		ed for future annual report	notification)
	13-man address. (to be as	ed for ratare annual report	,
For further information	n concerning this matter, pleas	se call:	
MICHAEL KRAMEI	₹	at (717-9914
Name	of Contact Person	Area Coo	de & Daytime Telephone Number
Enclosed is a check for	r the following amount made	payable to the Florida Depa	irtment 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)
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, FL 32303

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January 14, 2020

MICHAEL KRAMER 1500 KILRUSH DRIVE ORMOND BEACH, FL 32174

SUBJECT: 420BLOCKCHAIN INC.

Ref. Number: P17000034412

We have received your document for 420BLOCKCHAIN INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

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.

Claretha Golden Regulatory Specialist II

Letter Number: 020A00001004

www.sunbiz.org

Articles of Amendment

Articles of Incorporation

of 420 BLOCKCHAIN INC.

2029,30	Aii 10: 48

(Name of Corporation	as currently filed with the Florida Dept. of State)
P 17000034412	·
(Documer	nt Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida S its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corp	poration:
FTZ INC.	The new
	poration," "company," or "incorporated" or the abbreviation "Corp.," or "Co". A professional corporation name must contain the word ation "P.A."
D. Enter new evincinal office address if applicables	N/A
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR	YESS)
C. Enter new mailing address, if applicable:	N//A
(Mailing address MAY BE A POST OFFICE BOX)) <u>N/A</u>
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	
N/A	nee address.
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Coxle)
N D	torad A gort.
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. I de	am familiar with and accept the obligations of the position.
/_	
	ure of New Registered Agent, if changing
Signatu	are of New Keytstered 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: John Doe X Change PT X Remove Mike Jones X Add SVSally Smith Address Title Name Type of Action (Check One) 1) ____ Change ___ Add Remove 2) ____ Change ___ Add Remove Change __ Add ____ Remove 4) ____ Change Add Remove 5) ____ Change ___ Add __ Remove 6) ____ Change Add Remove Page 2 of 4 E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)

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provisions for implementing the amend (if not applicable, indicate N/A) ac date of each amendment(s) adoption: _ te this document was signed.	Page 3 of 4	ent itself:	if other than
provisions for implementing the amend (if not applicable, indicate N/A)	Page 3 of 4	ent itself:	if other tha

document's effective date on the Dep	rtment of State's records.	
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adop by the shareholders was/were suff	ed by the shareholders. The number of votes cast for the amendment(s) cient for approval.	
	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):	
"The number of votes cast fo	r the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
■ The amendment(s) was/were adop action was not required.	ed by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adop action was not required.	ed by the incorporators without shareholder action and shareholder	
Dated/ 2/	<u>4/19</u>	
Signature	ctor, president or other officer - if directors or officers have not been	
(By a dire	ctor, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court	
	I fiduciary by that fiduciary)	
N	IICHAEL KRAMER	
-	(Typed or printed name of person signing)	
_	Chief Esco Officer	
\overline{C}	Title of person signing)	

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the