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	904.418.1993
Email.	10c addiction wi8@amail-a
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: <u> CC A</u>	ddiction	INC	
DOCUMENT NUM	IBER:			
The enclosed Article	s of Amendment and fee are su	bmitted for filing.		
Please return all corr	espondence concerning this ma	tter to the following:		
	Anicia wi	Name of Contact Person	1	
		Firm/ Company		
	11558 Key B Jocksonville	Address	ue West	
	Jacksonville	F/ Stay 8 City/ State and Zip Cod	e	
For further informati	E-mail address: (to be us	N Z 18 @ 9 mg sed for future annual report		
Williamorace	KREDWAHAA	at (<u>904</u>		
Name	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check t	or the following amount made	payable to the Florida Depa	artment of State:	
S35 Filing Fee	S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Street Address Amendment Section Division of Corporations The Centre of Tallahassee		
	Hahassee, FL 32314		N. Monroe Street, Suite 810	

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

of

1ce Addiction inc
(Name of Corporation as currently filed with the Florida Dept. of State)
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
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)
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 Anicia Williams
Name of New Registered Agent Anicia Williams 11558 Key Bislade Dewert (Florida street address)
New Registered Office Address: Jackson ville Florida 32218 (City) (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
Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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> Jol	hn Doe	
X Remove		ike Jones	
X Add	<u>SV</u> <u>Sa</u>	<u>Illy Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>_f</u>	cicreland lushington	
Add		O	
★ Remove			
2) Change		Anicia William	11558 KCY BISCUIPE
¥ Add			Dr.N
Remove 3) Change			
Add			
Remove			
4) Change			
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5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	ding or adding additional Art additional sheets, if necessary).	(Be specific)			
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	nendment provides for an exc	hange, reclassificat	ion, or cancellation	of issued shares,	
if an an	ions for implementing the am	<u>endment it not con</u>	tained in the amend	iment itself:	
provisi	not applicable, indicate N/A) =				
provisi	not applicable, indicate N/A)				
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: July 2020 (no more than 90 days after amendation)	
(no more than 90 days after amend	ment file date)
Note: If the date inserted in this block does not meet the applicable statutory filin document's effective date on the Department of State's records.	g requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors was not required.	rithout shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes e by the shareholders was/were sufficient for approval.	ast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups must be separately provided for each voting group entitled to vote separately on	
"The number of votes cast for the amendment(s) was/were sufficient for app	oroval
by	
(voting group)	
Dated	
Signature (By a director, president or other officer – if directors or	
selected, by an incorporator – if in the hands of a receive appointed fiduciary by that fiduciary)	er, trustee, or other court
(Typed or printed name of person sign	ning)
Quner	
(Title of person signing)	