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(Requ	iestor's Name)	- <u></u>
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COVER LETTER

TO: Amendment Section

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Division of Corporations

NAME OF CORPORATION: Integrity Pharmaceutical Solutions, Inc.

DOCUMENT NUMBER: P18000080980

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

	Name of Contact Person
	Integrity Pharmaceutical Solutions, Inc.
	Firm/ Company
	16206 Flight Path Drive, Suite B
	Address
	Brooksville, FL 34604
	City/ State and Zip Code
rdavis@tgunited	d.com

For further information concerning this matter, please call:

Robert Davis Name of Contact Person		at (<u>888</u>) <u>994-7717</u> Area Code & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Department of State:
_ \$35 Filing Fee	, \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) (Additional Copy is enclosed)
Amen Divisi P.O. 1	ng Address dment Section on of Corporations Box 6327 hassee, FL 32314	<u>Street Address</u> Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



Integrity Pharmaceutical Solutions, Inc. 2015 SEP 23 PH 5: 43 (Name of Corporation as currently filed with the Florida Dept. of State) P18000080980 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: Integrity Cannabis Solutions, Inc. 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." N/A _____ B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A (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: N/A Name of New Registered Agent (Florida street address) _, Florida_ New Registered Office Address: (Zip Code) (City)

New Registered Agent's Signature, if changing Registered Agent:

1 hereby accept the appointment as registered agent. 1 am familiar with and accept the obligations of the position.

Signature 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: (treach additional shorts if any angle) This is not applicable

(Attach additional sheets, if necessary)

Remove

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: <u>X</u> Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change		This is not applicable	
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
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6) Chever			
6) Change	·		

Attach <i>additional sh</i>	eets, if necessary). ((Be specific)			
	This is no	t applicable			
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<u>f an amendment p</u>	ovides for an exchan	ge, reclassification	<u>1. or cancellation o</u>	of issued shares,	
provisions for imp	ementing the amend le, indicate N/A)	<u>ment if not contair</u>	ned in the amendn	<u>ient itself:</u>	
(ij not upplicu)	ie, maicale (97,4.)				
		N/A			
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The date of each amendment(s) ad date this document was signed.	option: <u>Same as Signed</u>	, if other than the
Effective date if applicable:	N/A	
Enective date <u>in applicable</u> .	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bl document's effective date on the Dep	ock does not meet the applicable statutory filing requirements partment of State's records.	, this date will not be listed as (
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adop by the shareholders was/were suf	pted by the shareholders. The number of votes cast for the amer Ticient for approval.	ndment(s)
	roved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendment	
"The number of votes cast f	or the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
The amendment(s) was/were adop action was not required.	pted by the board of directors without shareholder action and sh	areholder
The amendment(s) was/were adopaction was not required.	pted by the incorporators without shareholder action and shareh	older
Dated Septe	ember 20, 2019	
Signature	Robert War	
selected	rector, president or other officer – if directors or officers have n l, by an incorporator – if in the hands of a receiver, trustee, or of ed fiduciary by that fiduciary)	
	Robert Davis	
	(Typed or printed name of person signing)	

Business Director

(Title of person signing)