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SECRETARY OF STATE

6/23/21 SP

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORAT	ION: STRANGE	E Cloud	z VA	APE + NOVELTIES	Inc
DOCUMENT NUMBER	: P 1800008	5026			
The enclosed Articles of A	mendment and fee are su	bmitted for filing.			
Please return all correspon	dence concerning this ma	tter to the followin	g:		
	VICTORIA	VIGNA			
		Name of Contac	ct Person		
•	BANKKEEDING	o Service	Bu Vi	ck. Tuc	
		Firm/ Com	pany		
	BOOKKEEPING 6990 82 PINELIAS	Ave S			
***	4	Address	s		
	PINELLAS	Park Fl.	ろち	781	
		City/ State and	Zip Code	707	
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	E-mail address: (to be us	er a gana	1/0 60	<u>か</u>	
	E-mail address: (to be us	sed for future annua	ат герогі г	iotification)	
For further information co	ncerning this matter, pleas	se call:			
./	./				
VICTORIA I	/IGNA	at (727	e & Daytime Telephone Nun	
Name of Co	ontact Person	•	Area Cod	e & Daytime Telephone Nun	nber
Enclosed is a check for the	following amount made	payable to the Flor	rida Depar	rtment of State:	
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Certified Copy (Additional copenclosed)	у	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
-	Address		Street A		
	nent Section of Corporations			nent Section	
Division P.O. Box	Division of Corporations The Centre of Tallahassee				
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

STRANGE CLOUDZ VAPE +	- NOVEHIES INC.	
(Name of Corporation as curren	tly filed with the Florida Dept. of State)	
P180000 85026		
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the fol	lowing amendment(s) to
A. If amending name, enter the new name of the corporation:		
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must of	
B. Enter new principal office address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		17. 120. 120.
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.	dress in Florida, enter the name of the	FILED MAY IO PH 6: 50 CHETARY OF STATE ALLA HASSEE, FI
new registered agent and/or the new registered office address		
Name of New Registered Agent		
(Florida s	treet address)	
N n : 100 111	F1 1	
New Registered Office Address:	, Florida,	(Zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar		ition.
Signature of New	Registered Agent, if changing	
Check if applicable ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11		

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> <u>Joh</u>	n Doe	
X Remove	<u>V</u> <u>Mik</u>	ke Jones	
X Add	<u>SV</u> <u>Sall</u>	ly Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
l) X Change	VP	ANTHONY M. VICHETO DR.	1585 S. HAVEN DR
Add		/	CLEARWARR FL 33764
Remove			
2) Change	VP	JOSEPH M. VICHETO SK	1585 S. HAVEN DR.
X_ Add		·	CHARWATER FL 33764
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

·····	or adding additional a onal sheets, if necessar	v). (Be specific,)			
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`an amend	ment provides for an o	vehanna roelass	ification or cancel	lation of issued s	haree	
provisions i	or implementing the a	mendment if no	contained in the a	mendment itself	<u> </u>	
(if not a	pplicable, indicate N/A)				
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The date of each amendment(s) ad date this document was signed.	option:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amer	idment file data)
	tho more than 90 tacys after amen	ument file date)
Note: If the date inserted in this bloodeument's effective date on the Dep		ing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopaction was not required.	sted by the incorporators, or board of directors	without shareholder action and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes ficient for approval.	cast for the amendment(s)
	oved by the shareholders through voting ground ach voting group entitled to vote separately o	
"The number of votes east f	or the amendment(s) was/were sufficient for a	pproval
by	(voting group)	."
	(voting group)	
Dated 5 7	21	
Dated 5 7		
selected	ector, president or other officer – if directors of by an incorporator – if in the hands of a recei d fiduciary by that fiduciary)	
_	CORNELIUS ELLIX. (Typed or printed name of person s	50N
	(Typed or printed name of person s	igning)
_	PRESIDENT	
-	(Title of person signing)	