

## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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From:

Account Name

: BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

Account Number : 075350000353

Phone

: (800)221-2972

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## COR AMND/RESTATE/CORRECT OR O/D RESIGN VAPOR PLUS INC.

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p.6

February 21, 2019

FLORIDA DEPARTMENT OF STATE
Division of Corporations

VAPOR PLUS INC. 205 11TH STREET MIAMI BEACH, FL 33139

SUBJECT: VAPOR PLUS INC.

REF: P19000012735

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

\*\*PLEASE ONLY CHECK ONE BOX. \*\*

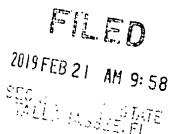
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Rebekah White Regulatory Specialist III FAX Aud. #: H19000057421 Letter Number: 719A00003705

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Articles of Amendment to
Articles of Incorporation



VAPOR PLUS INC.	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
(Name of Corporati	ion as currently filed with the Florida Dept. of State)
P19000012735	
(Docur	ment Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florid is Articles of Incorporation:	a Statutes, this Florida Profit Corporation adopts the following amendment(s
. If amending name, enter the new name of the co	orporation:
	The new
	rd "corporation," "company," or "incorporated" or the abbreviation o," "Inc," or "Co". A professional corporation name must contain the
3. Enter new principal office address, if applicable	e:
Principal office address <u>MUST BE A STREET ADL</u>	DRESS )
	<del></del>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<b>9X</b> )
<ol> <li>If amending the registered agent and/or register new registered agent and/or the new registered</li> </ol>	red office address in Florida, enter the name of the office address:
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Office Address:	
New Registered Agent's Signature, if changing Reg	zistered Agent:
hereby accept the appointment as registered agent.	I am familiar with and accept the obligations of the position.
Cian	ature of New Projectored Agent if changing
Sign	ature 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:

(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.

X Change	<u>P7</u>	John Doe	
X Remove	¥	Mike Jones	
X Add	<u>\$V</u>	Satty Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	D	SAMIR A. DEKMAK	85-01 55TH AVE
Add			ELMHURST, NY 11373
X Remove			••••
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			· · · · · · · · · · · · · · · · · · ·
Remove			
5) Change			
Add			
Remove			
6) Change			<u></u>
Add			
Remove			

	icles, enter change(s) bern: (Be specific)
	<u></u> .
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f an amondment provides for an arch	ange, reclassification, or cancellation of issued states.
If an amendment provides for an each provisions for implementing the suc- ((f not amplicable, indicate NAI)	nance, reclassification, or cancellation of based shares, adment if not contained in the amendment itself:
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02/18/19	, if other than the
The date of each amendment(s) adoption: date this document was signed.	, it onici than the
Effective date if applicable: (no more than 90 days after amendment file date)	<del></del>
(no more than 90 days after amendment fite date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	date will not be listed as the
Adaption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment by the shareholders was/were sufficient for approval.	n(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following state, must be separately provided for each voting group entitled to vote separately on the amendment(s):	meni
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"  (voting group)	
(voiling group)	
. The amendment(s) was/were adopted by the board of directors without shareholder action and shareholderion was not required.	der
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated	
Signature X	
(By a director, president or other officer - if directors or officers have not been	
selected, by an incorporator - if in the hands of a receiver, trustee, or other co	urt
appointed fiduciary by that fiduciary)	
SADEK JOUMAA	
(Typed or printed name of person signing)	<del></del>
-> meedent	
(Title of person signing)	