P19000015419

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: CANNISENCE IN	C			
DOCUMENT NUMI	BER: P19000015419				
	of Amendment and fee are su	bmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
	Marshall Kobrin, Esq.				
		Name of Contact Person	n		
	AEGIS Law				
		Firm/ Company	* <u>;</u> *, *		
	100 S Ashley Dr. Ste. 620				
	Address				
	Tampa, FL 33602				
		City/ State and Zip Cod	e		
lros@	gaegislaw.com				
	-	sed for future annual report	notification)		
For further informatio	n concerning this matter, pleas	se call:			
Marshall Kobrin		813	999-0199 de & Daytime Telephone Number		
Name of Contact Person		Area Co	de & Daytime Telephone Number		
Enclosed is a check for	or 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)		
Mailing Address			Address Iment Section		
Amendment Section Division of Corporations		Division of Corporations			
	. Box 6327	Clifton Building			
Tallahassee, FL 32314		2661 Executive Center Circle			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

CANNISENCE INC.	
(Name of Corporation as current	ly filed with the Florida Dept. of State)
P19000015419	
(Document Number o	f Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporatio "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or ' word "chartered," "professional association," or the abbreviation	on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
	-
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 add	
new registered agent and/or the new registered office address	<u>5.</u>
Name of New Registered Agent	
(Florida st	roet address)
New Registered Office Address:	, Florida
	(Cite) (Zip Code)
Name Designated Assert Science of Schooling Positioned Agent	
New Registered Agent's Signature, if changing Registered Agent Thereby accept the appointment as registered agent. I am familiar	uth and accept the obligations of the position.
	Book and I have Walescales
Signature of New I	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 Doc 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 Doc, PT as a Change, Mike Jones, V-as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Do	<u>oc</u>	
X Remove	Y	Mike Jo	nes	
<u>X</u> Add	<u>SV</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	T,D		Brenda Newman	18716 Lithia Towne Rd
X Add				Lithia, FL 33547
Remove				
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				·
Remove				
6) Change				
Add				<u> </u>
Remove				

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary).—(Be specific)				
<u></u>				
				
F. <u>If an a</u> proyi	mendment provides for an excha sions for implementing the amen	nge, reclassification, o	r cancellation of issued s in the amendment itself:	hares.
(.	if not applicable, indicate N/A)			
		-1-		

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
4-16-19	
Dated	
Signature www. Warvr	
(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 court	
appointed fiduciary by that fiduciary)	
Zubin Nazir	
(Typed or printed name of person signing)	
Director	
Clitta of person signing)	