P20000097355

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: Smoke & Vape Ga	llery NO2 Inc	
DOCUMENT NUM	IBER: P20000069255		
The enclosed Article	es of Amendment and fee are su	bmitted for filing.	
Please return all cor	respondence concerning this ma	tter to the following:	
	Breit ISaac		
		Name of Contact Perso	n
	Brett Isaac		
		Firm/ Company	
	2151 University BLvd \$		
		Address	
	Jacksonville, FL 32216		
		City/ State and Zip Cod	e
	brett@isaactaxcpa.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further informat	ion concerning this matter, pleas	se call:	742-2388
	e of Contact Person	at (de & Daytime Telephone Number
	for the following amount made		
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Fiting Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
A D P.	ailing Address mendment Section vision of Corporations O. Box 6327 dlahassee, FL 32314	Amend Division The C 2415 i	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street. Suite 810 ussee, FL 32303

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently fi	iled with the Florida Dept. of State)	
P0000069255		
(Document Number of Co	orporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flo</i> ts Articles of Incorporation:	rida Profit Corporation adopts the foll	owing amendment(s) to
A. If amending name, enter the new name of the corporation:		
~		The new
name must be distinguishable and contain the word "corporation," "com "Inc.," or Co.," or the designation "Corp," "Inc." or "Co". A p "chartered," "professional association," or the abbreviation "P.A."	ipany," or "incorporated" or the abbre rofessional corporation name must c	viation "Corp.," ontain the word
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)		202
_		
). 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:		မ
Name of New Registered Agent		<u>°</u>
		**
(Florida street o	uddress)	
New Registered Office Address: (Cit	y), Florida	
(CII)	9	(Zīp Code)
Sew Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar with	and an art of the control of	
eo, accept on appointment as registered agent. I am jumitar with	and accept the obligations of the posit.	юп.

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:

(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>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	VP	Rusha G Awad	4570 Brandy Oak Ct
Add x Remove			Jacksonville, FL 32257
2) Change	VP	Awad Awad	4570 Brandy Oak Ct
X Add			Jacksonville, FL 32257
Remove Change		-	
Add			
Remove 4) Change			
Add			
5) Change			
Add			
6) Change			
Add Remove			

(Attach ac	ling or adding a dditional sheets,	if necessary).	(Be specific)	eraj nere.			
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If an ame	<u>endment provid</u> ons for implemen	es for an excha	inge, reclassific	ation, or cancel	lation of issued	shares,	
(if n	not applicable, in	dicate N/A)	<u>ameni u not co</u>	mained in the a	imenument use	<u>11:</u>	
		- ' ''		-			
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					<u>.</u>		
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The date of each amendment(s) ad date this document was signed.	option:	9/21/	2020	if other than the
Effective date <u>if applicable</u> :		9/21/202	د ي	
	(no more than 90)	days after amendment	file date)	
Note: If the date inserted in this blocoument's effective date on the Dep		ble statutory filing rec	quirements, this date wil	I not be listed as the
Adoption of Amendment(s)	(CHECK ONE)			
☐ The amendment(s) was/were adoption was not required.	oted by the incorporators, or bo	oard of directors witho	ut shareholder action and	l shareholder
The amendment(s) was/were adop by the shareholders was/were suf	nted by the shareholders. The rificient for approval.	number of votes east fo	or the amendment(s)	
The amendment(s) was/were appromise the separately provided for a	each voting group entitled to vo	ote separately on the a	mendment(s):	
"The number of votes east f	or the amendment(s) was/were	sufficient for approva	1]	
by	(voting group)			
selected	ector, president or other office by an incorporator – if in the diductary by that fiductary)			
-	Rusha (Typed or printed na	A wad		
-	Uite (Title of person sign	resident		