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## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: ACES HIGH VAPE	E SHOP INC	<u> </u>		
DOCUMENT NUM	BER: P22000046957				
	of Amendment and fee are sub	omitted for filing.			
Please return all corre	spondence concerning this matt	ter to the following:			
	MICHAEL G. MILLER				
	Name of Contact Person  3M TAX SOLUTIONS INC  Firm/ Company  403 3RD ST SW  Address				
WINTER HAVEN, FL 33880					
	City/ State and Zip Code  INFO@MILLERTAXING.COM  E-mail address: (to be used for future annual report notification)				
				r	
For further information	on concerning this matter, please	e call:		;	
MICHAEL MILLER		at ( <u>863</u>	293-5035	:	
Name	of Contact Person	Area Coc	le & Daytime Telephone Number	ļ	
Enclosed is a check for	or the following amount made p	ayable to the Florida Depa	rtment of State:	- : -	
□ \$35 Filing Fee	S43.75 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)		
Am Dív P.O	iling Address endment Section ision of Corporations . Box 6327 lahassee, FL 32314	Amendi Division The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810 ssee, FL 32303		

## Articles of Amendment Articles of Incorporation of

ACES HIGH VAPE SHOP INC	
(Name of Corporation as currently filed with the Florida Dept. of State)	
P22000046957	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the followits Articles of Incorporation:	ring amendment(s) t
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbrevious "Inc.," or Co.," or the designation "Corp." "Inc," or "Co". A professional corporation name must consciously "professional association," or the abbreviation "P.A."	
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS )	
C. Francisco and Mineral Manager Manag	
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 in Florida, enter the name of the new registered agent and/or the new registered office address:	·
	. 0
Name of New Registered Agent	_ ::
	_ 'B:'
(Florida street address)	_ 30
New Registered Office Address:	·
	ip Code)
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position	<b>4.</b>
Signature of New Registered Agent, if changing	
Chuck if annlicable	

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	$\underline{SV}$	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	P	JAMES KERR	1725 EWELL RD
Add			LAKELAND, FL 33811
X Remove			
2) Change	VP	BRANDON HUTCHINSON	340 E HOFEMAN ST
Add			LAKE ALFRED, FL 33850
X Remove 3) Change	COO	LUIS CALVO	2716 NE 88T
Add			HALLANDALE BEACH, FL
X Remove			33009
4) Change	P	JOY KERR	1725 EWELL RD
X Add			LAKELAND, FL 33811
Remove			
5) Change			
Add			
Remove			
വ Change			
Add			
Remove			

(Attach ad	ing or adding additional A Iditional sheets, if necessary	). (Be specific)			
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If an anu	indmint provider for an e	vakanaa mada (Ga	ation ar asmanlat	ian afinandaha-a	
<u>provisio</u>	endment provides for an enders or implementing the a	<u>mendment if not co</u>	ntained in the am	<u>endment itself:</u>	z
(if ne	ot applicable, indicate N/A)				
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	9/2/2022	
	adoption:	, if other than th
date this document was signed.	2/2022	
Effective date <u>if applicable</u> :		
	(no more than 90 days after	r amendment file date)
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statute. Department of State's records.	ory filing requirements, this date will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were action was not required.	dopted by the incorporators, or board of dir	rectors without shareholder action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number o sufficient for approval.	f votes cast for the amendment(s)
	pproved by the shareholders through voting or cach voting group entitled to vote separa	
"The number of votes ca	st for the amendment(s) was/were sufficien	nt for approval
by		
, <u> </u>	(voting group)	<del></del>
9/2/2022		
DatedSignature		
(Hy); selec	director, president or other officer – if directed, by an incorporator – if in the hands of inted fiduciary by that fiduciary)	retors or officers have not been a receiver, trustee, or other court
	JOY KERR	
	(Typed or printed name of pe	rson signing)
	PRESIDENT	
	(Title of person signing)	
	(Title of person signing)	