## Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : GRACE FINANCIAL CONSULTING, INC.

Account Number : I19990000092

Phone Fax Number : (561)844-9806 : (561)689-1131

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email Address:

## COR AMND/RESTATE/CORRECT OR O/D RESIGN CROWN SMOKE SHOP INC.

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 07      |
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## COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORA         | TION: CROWN SMOKE S  | SHOP INC.  |   |
|-------------------------|--|--|---|
| DOCUMENT NUMBE          | R: P24000016535  |  |   |
|                         | Amendment and fee are sub  | omitted for filing.  |   |
|                         | ondence concerning this matt   |  |   |
|                         |  |  |   |
| A                       | BDALLAH HAMMAD   |  |   |
| C                       | ROWN SMOKE SHOP INC  | Name of Contact Person   |   |
| _                       |  | Firm/ Company  |   |
| 1:                      | 256B PALM BEACH LAKI   |  |   |
|                         |  | Address  |   |
| W                       | vest palm beach, fl 3  | 3401   |   |
| _                       |  | City/ State and Zip Code   |   |
| F                       | LYAPPARELS61@GMAII   | COM  |   |
|                         | E-mail address: (to be us  | ed for future annual report                                      | notification)   |
|                         | i ship mawas alega   | e only   |   |
| For further information | concerning this matter, pleas  | se can.  |   |
| ABDALLAH HAMMA          | AD.  | at ( <sup>561</sup>  | 291-4828  |
| Name of                 | Contact Person   | Area Coo   | de & Daytime Telephone Number   |
| Enclosed is a check for | the following amount made  | payable to the Florida Depa                                      | artment of State:   |
| □ \$35 Filing Fee       | ☐\$43.75 Filing Fee & Certificate of Status                              | S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | Certificate of Status Certified Copy (Additional Copy is enclosed)  |
| Amer<br>Divis<br>P.O.   | ng Address Idment Section Ion of Corporations Box 6327 Inassec, FL 32314 | Amend<br>Division<br>The C<br>2415                               | Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303 |

## Articles of Amendment Articles of Incorporation of

| CD. | OWN | SMOKE | CHUD | DIC   |
|-----|-----|-------|------|-------|
| ١.к | OWN | SMUKE | SHUP | IIVU. |

|  | Articles of Amendment   |
|--|---|
|  | Articles of Amendment to Articles of Incorporation of  Oration as currently filed with the Florida Dept. of State   |
|  | of  |
| CROWN SMOKE SHOP INC.  |   |
| (Name of Corpo   | oration as currently filed with the Florida Dept. of State)   |
| P24000016535   | ·   |
| (D   | ocument Number of Corporation (if known)  |
| Pursuant to the provisions of section 607.1006, Fl ts Articles of Incorporation:   | orida Statutes, this Florida Profit Corporation adopts the following amendment  |
| 4. If amending name, enter the new name of t   | he corporation:   |
| CROWN 1 SMOKE SHOP INC.  | The new   |
| name must be distinguishable and contain the wor<br>"Inc.," or Co.," or the designation "Corp," "<br>"chartered," "professional association," or the c | d "corporation," "company," or "incorporated" or the abbreviation "Corp.," Inc," or "Co". A professional corporation name must contain the word abbreviation "P.A." |
| B. Enter new principal office address, if applic<br>(Principal office address MUST BE A STREET   | cable: ADDRESS)   |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE   | E BOX)  |
|  |   |
|  | Land of the state of the  |
| D. If amending the registered agent and/or renew registered agent and/or the new regist  | gistered office address in Florida, enter the name of the ered office address:  |
| D. If amending the registered agent and/or re<br>new registered agent and/or the new regist<br>Name of New Registered Agent                            | gistered office address in Florida, enter the name of the ered office address:  |
| new registered agent and/or the new regist   | gistered office address in Florida, enter the name of the ered office address:  (Florida street address)  |
| new registered agent and/or the new regist   | ered office address:  |

Check if applicable

<sup>☐</sup> 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)

Please note the officer/director title by the first letter of the office title:

P = President;  $\tilde{V} = Vice\ President$ ; 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             | PT         | John Doe    |         |
|-------------------------------|------------|-------------|---------|
| X Remove                      | <u>v</u>   | Mike Jones  |         |
| X Add                         | <u>\$V</u> | Sally Smith |         |
| Type of Action<br>(Check One) | Title      | Name        | Address |
| 1) Change                     |            |             |         |
| Add                           |            |             |         |
| Remove                        |            |             |         |
| 2) Change                     |            |             |         |
| Add                           |            | ·           |         |
| Remove 3) Change              |            |             |         |
| Add                           |            |             |         |
| Remove                        |            |             |         |
| 4) Change                     |            |             |         |
| Add                           |            |             |         |
| Remove                        |            |             |         |
| 5) Change                     |            |             |         |
| Add                           |            |             |         |
| Remove                        |            |             |         |
|                               |            |             |         |
| Add                           |            |             |         |
| Remove                        |            |             |         |

| amending or adding a<br>ttach additional sheets,        | if necessary).                          | (Be specific)          |                       |                                 |          |
|---|---|------------------------|-----------------------|---------------------------------|----------|
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| f an amendment provided provisions for implementations. | des for an excl                         | ange, reclassification | n, or cancellation of | i issued snares.<br>ent itself: |          |
| (if not applicable, it                                  | ndicate N/A)                            | najnent n not conta    | ned in the amenda.    | <u> </u>                        |          |
| (y not approve to                                       | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                        |                       |                                 |          |
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|   | 03/21/2024   |
|---|--|
| The date of each amendme                        | nt(s) adoption:, if other than t   |
| date this document was signe                    | xd.  |
|   | 03/21/2024   |
| Effective date <u>if applicable</u>             |  |
|   | (no more than 90 days after amendment file date)   |
|   | n this block does not meet the applicable statutory filing requirements, this date will not be listed as to the Department of State's records.   |
| Adoption of Amendment(s                         | (CHECK ONE)  |
| The amendment(s) was/w action was not required. | ere adopted by the incorporators, or board of directors without shareholder action and shareholder   |
|   | were adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval.  |
|   | were approved by the shareholders through voting groups. The following statement ded for each voting group entitled to vote separately on the amendment(s):  |
| "The number of vot                              | tes cast for the amendment(s) was/were sufficient for approval   |
| by  | ."   |
| .,  | (voting group)   |
| Dated ⊀   | 3-21-24  |
| Signature                                       | 11/ 1  |
| _   | (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) |
|   | ABDALLAH HAMMAD  |
|   | (Typed or printed name of person signing)  |
|   | PRESIDENT  |
|   | (Title of person signing)  |