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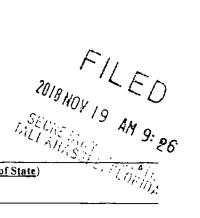
## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION:	Digar Corporation		
DOCUMENT NUM	BER:	•		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	Kelly Meadows			
	Name of Contact Person			
	GrayRobinson, PA			
		Firm/ Company		
	301 S Bronough Street, Suite	: 600		
		Address		
	Tallahassee, FL 32301			
		City/ State and Zip Coc	de	
mpel	letier@alcapone.onmicrosoft.	com		
		sed for future annual repor	t notification)	
For further informatio	n concerning this matter, pleas	se call:		
Kelly Meadows		at (	577-6957	
Name	of Contact Person	Area Co	ode & Daytime Telephone Number	
Enclosed is a check fo	or the following amount made	payable to the Florida Dep	artment of State:	
S35 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		Street Address		
	endment Section	Amendment Section		
	ision of Corporations	Division of Corporations		
	. Box 6327 abassoc FL 32314	Clifton Building		
Tallahassee, FL 32314		2661 Executive Center Circle		

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



Inter-Continental Cigar Corporation

	10 S 3 /
(Name of Corporation as curr	rently filed with the Florida Dept. of State)
96000086331	**/
(Document Numb	er of Corporation (if known)
ursuant to the provisions of section 607.1006, Florida Statutes, ts Articles of Incorporation:	this Florida Profit Corporation adopts the following amendmen
. If amending name, enter the new name of the corporation	:
ν/A	- The new
ame must be distinguishable and contain the word "corpor Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," o word "chartered," "professional association," or the abbreviation	ration," "company," or "incorporated" or the abbreviation or "Co". A professional corporation name must contain the
Enter new principal office address, if applicable:	N/A
Principal office address MUST BE A STREET ADDRESS )	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
,	
<ul> <li>If amending the registered agent and/or registered office a new registered agent and/or the new registered office add</li> </ul>	address in Florida, enter the name of the
	ress:
N/A	
Name of New Registered Agent	
Name of New Registered Agent	
Name of New Registered Agent  (Florida	a street address)
Name of New Registered Agent	a street address), Florida

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 Doc	
X Remove	<u>v</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
I) Change	PD	Davy T. Smith	3251 Commerce Pkwy
Add			Miramar, FL 33025
X Remove			
2)Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

. If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
I/A	
· · · · · · · · · · · · · · · · · · ·	
If an amondment associate for an arch	
provisions for implementing the amer	ange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
(if not applicable, indicate N/A)	to meat to not consumed to the amendment users
Ά	
A	
'A	
΄Λ	
<u>'</u> A	
'A	
'A	
/A	

	N/A
The date of each amendmen	
date this document was signed	
Effective date <u>if applicable</u> :	N/A
enective date <u>ii applicable</u> .	(no more than 90 days after amendment file date)
Note: If the date inserted in document's effective date on t	this block does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we by the shareholders was/w	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
☐ The amendment(s) was/we must be separately provide	re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):
"The number of vote:	s cast for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
action was not required.  The amendment(s) was/we:	re adopted by the board of directors without shareholder action and shareholder re adopted by the incorporators without shareholder action and shareholder
action was not required.	
Dated	1/14/18
Signature	Fred VAV
(F	By a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court oppointed fiduciary by that fiduciary)
	Michael Pelletier
	(Typed or printed name of person signing)
	Vice President, Secretary, Treasurer
	(Title of person signing)