

(Re	questor's Name)	
(Ad	dress)	
	dress)	
(Cit	y/State/Zip/Phone	#)
		MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION:	Cigar Corporation	
DOCUMENT NUM	BER:	<u> </u>	
The enclosed Article	s of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	Kelly Meadows		
	<u> </u>	Name of Contact Person	
	GrayRobinson, PA		
		Firm/ Company	-, <u>-</u> , <u>-</u> , <u>-</u> ,
	301 S Bronough Street, Suite	600	
		Address	
	Tallahassee, FL 32301		
		City/ State and Zip Cod	e
ezar	ka@alcapone-us.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	
Kelly Meadows		850 at (577-6957
Name	of Contact Person		de & Daytime Telephone Number
Enclosed is a check f	or the following amount made j	payable to the Florida Depc	irtment of State:
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy

Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address</u> Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

is enclosed)

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Articles of Amendment to Articles of Incorporation of

Inter-Continental Cigar Corporation

(Name of Corporation as currently filed with the Florida Dept. of State)

P96000086331

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006. Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

N/A		The new
name must be distinguishable and contain the word "carp "Corp.," "Inc.," or Co." or the designation "Corp," "Inc," word "chartered." "professional association." or the abbrevia	" or "Co". A professional corpora	rated" or the abbreviation
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	N/A	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	19 MLI
		5 5 5 F
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad		
Name of New Registered Agent		
(Flor	ida street address)	
New Registered Office Address:		Florida
	(Cuy)	(Zip Code)

<u>New Registered Agent's Signature, if changing Registered Agent:</u> I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position

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. F as Remove, and Sally Smith, SV as an Add.

Example: X Change

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Example: <u>X</u> Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>_Title</u>	Name	<u>Addres</u> s
L) Change	CFO	Michael D Pelletier	3251 Commerce Parkway
Add X Remove			Miramar. FL 33025
2) Change Add			
Remove 3) Change Add			
Remove			
4) Change Add Remove			
5) Change Add			
Remove δ) Change Add			

E. <u>If amending or adding additional Articles, enter change(s) here</u>: (Auach additional sheets, if necessary). (Be specific)

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N/A		
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	ASSE ASSE 5	
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,	· · · ·	1
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N A)		
N/A	9r 3	\cup
	<u>∼ ≺</u>	
	<u> </u>	

The date of each amendment(s) ac date this document was signed.	loption:	if othe	er thai	the
5				
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)		_	
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, this date partment of State's records.	will not be li	sted a	; the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)			
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.			
The amendment(s) was/were app must be separately provided for	roved by the shareholders through voting groups. The following statement 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)			
action was not required.	pted by the board of directors without shareholder action and shareholder pted by the incorporators without shareholder action and shareholder		19 JUN -5	T F
Dated	: 14/2019 Chryfenn	TE FLOR	AM 3:3	п С
(By a di selected	rector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)			
	Enri Zarka			
	(Typed or printed name of person signing)			
	President			
	(Title of person signing)			

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