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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	RATION: Habitual Vapor, Inc	7.	•		
DOCUMENT NUM	PIANNOOSSO				
The enclosed Article	s of Amendment and fee are sul	bmitted for filing.			
Please return all corr	espondence concerning this mat	ter to the following:			
	James Speid		· · · · · · · · · · · · · · · · · · ·		
		Name of Contact Person	1		
	Habitual Vapor				
	······································	Firm/ Company			
	11 Spruce Way				
		Address			
	Ocala, FL 34472				
	City/ State and Zip Code				
	E-mail address: (to be us	ed for future annual report	notification)		
For further informati	on concerning this matter, pleas	se call:			
James Speid		at (653-9078		
Name	e of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check	for the following amount made	payable to the Florida Dep	artment of State:		
\$35 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			Address dment Section		
Amendment Section Division of Corporations		Division of Corporations			
	O. Box 6327	Clifton Building			
Tallahassee, FL 32314		2661 Executive Center Circle			

Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation of

Habitual Vapor, Inc		
(Name of Corporation as	currently filed with the Florida Dept.	of State)
P14000099559		
(Document No	umber of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statuits Articles of Incorporation:	tes, this Florida Profit Corporation ad	opts the following amendment(s) to
A. If amending name, enter the new name of the corpora	<u>ition:</u>	5
Five23 Enterprises, Inc.		The new
name must be distinguishable and contain the word "co." "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc. word "chartered," "professional association," or the abbreva 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)	c," or "Co". A professional corpora viation "P.A."	rated" or the abbreviation tion name must contain the
D. If amending the registered agent and/or registered off new registered agent and/or the new registered office		ne of the
Name of New Registered Agent		
	Florida street address)	
New Registered Office Address:	(City)	, Florida(Zip Code)
New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent. I am j	ed Agent:	,, ,
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.

X.Change	<u>PT</u>	John Do	<u>xe</u>		
X Remove	<u>v</u>	Mike Jo	<u>ones</u>		
X Add	<u>sv</u>	Sally St	nith		
Type of Action (Check One)	<u>Title</u>		Name	Address	
1) Change		_			
Add					
Remove					
2) Change		_			
Add					
Remove					
3)Change	<u> </u>	_	,		_
Add					
Remove					_
4) Change					
Add		_			
Remove					
6) Change					
5) Change Add					_
Remove					_
6) Change				/	
Add				-	_
Remove					

Attach additional sheets, if neces	al Articles, enter c sary). (Be specifi	(c)		
				·
				·····
			····	
				,
			<u></u>	· · · · · · · · · · · · · · · · · · ·
			····	
If an amendment provides for a provisions for implementing the (if not applicable, indicate in the second se	ne amendment if no	sification, or canco ot contained in the	ellation of issued shar amendment itself:	es.
		· · · · · · · · · · · · · · · · · · ·		
		·	<u> </u>	
				

	04/01/2017	
The date of each amendment(s		, if other than the
date this document was signed.		
	04/01/2017	
Effective date if applicable:		·
	(no more than 90 days after amendment fil	e date)
Note: If the date inserted in the document's effective date on the	s block does not meet the applicable statutory filing required Department of State's records.	rements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were by the shareholders was/wen	idopted by the shareholders. The number of votes cast for the sufficient for approval.	he amendment(s)
☐ The amendment(s) was/were must be separately provided	approved by the shareholders through voting groups. The for each voting group entitled to vote separately on the ame	llowing statement endment(s):
	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
•	(voting group)	
	adopted by the board of directors without shareholder action	and shareholder
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and	shareholder
Dated 4/	Janus Mil	
Signature	June 1/1/	
	director, president or other officer - if directors or officers	
	eted, by an incorporator – if in the hands of a receiver, truste	e, or other court
арр	inted fiduciary by that fiduciary)	
	James Speid	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	