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Phone

Fax Number

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COR AMND/RESTATE/CORRECT OR O/D RESIGN BEST NATIONAL VENDING, INC.

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Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	BEST NATIONAL	VENDING INC	
DOCUMENT NUMBE	P01000074163		
The enclosed <i>Articles of</i>	Amendment and fee are sub	mitted for filing.	
Please return all corresp	ondence concerning this mat	ter to the following:	
		ANA E VILLALONGA	
_	BE		G INC
_			NTT 10
_			
_		City/ State and Zip Cod	•
		avtaxsmæt@gmail.com	n
-	E-mail address: (to be us	ed for future annual report	notification)
For further information	concerning this matter, please	se call:	
ANA E	VILLALONGA	at (759- 380 9
Name o	f 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)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divis P.O.	ing Address ndment Section sion of Corporations Box 6327 hassee, FL 32314	Ameno Divisio The C 2415	Address Idment Section on of Corporations Fentre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

Articles of Amendment to Articles of Incorporation of BEST NATIONAL VENDING INC

2021 DEC 20	ANISTA PUBLISH NE
AH IO	

(Name of Corporation as currently filed with the Florida Dept. of State)
P01000074163 i(s) to

	r010007		
	(Document Number o	f Corporation (if known)	
ursuant to the provisions of section 607.10 s Articles of Incorporation:	006, Florida Statutes, this	Florida Profit Corporation ad	opts the following amendm
. If amending name, enter the new name. N/A	ne of the corporation;		The nev
ame must be distinguishable and contain to Inc.," or Co.," or the designation "Co Chartered," "professional association," o	rp," "Inc," or "Co"	A projessional corporation ne	or the abbreviation "Corp.,
Charterea, projessional association.	,, the above that it is	5930 NW 99TH AVE	
k. Enter new principal office address, it Principal office address <u>MUST BE A ST</u>	appticable; REET ADDRESS)	UNIT 10	
		DORAL FL 33178	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		3605 E 2ND AVE	
		HIALEAH, FL 33013	
D. If amending the registered agent and new registered agent and/or the new	Vor registered office addres	dress in Florida, enter the nates:	me of the
	ANA E VILLALONGA	<u> </u>	
Name of New Registered Agent	3605 E 2ND AVE		
	(Florida s	treet address)	
New Registered Office Address.	(Florida s HIALEAH	treet address)	33013 , Florida

Signature of New Registered Agent, If changing

Check if applicable

 \Box 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; 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	PT Jo	hn Doe	
X Remove	<u>v</u> <u>M</u>	ike Jones	
X Add	SV Sa	ally Smith	
Type of Action (Check One) 1) Change Add	<u>Title</u> VP	Name EDWIN CARDONA RUIZ	Address 3605 E 2ND AVE HIALEAH FL 33013
Remove 2)ChangeAddRemove 3)Change			
AddRemove 4)AddAddRemove			
5) Change Add			
Remove Change Add Remove			

ach additional sneets, if necessary).	ticles, enter change(s) here: (Be specific)
-	
<u>.</u>	
an amendment provides for an ex-	change, reclassification, or cancellation of issued shares,
phi districtive provides for the con-	nendment if not contained in the amendment itself:
rovisions for implementing the an	
orovisions for implementing the an (if not applicable, indicate N/A)	
provisions for implementing the arr	
provisions for implementing the an	

.

12/20/2021

The date of each amendment(s) a	doptiou:	_ if other	than the
date this document was signed.	12/17/2021		
Effective date if applicable:	(no more than 90 days after amendment file date)	<u> </u>	
Note: If the date inserted in this t document's effective date on the D	clock does not meet the applicable statutory filing requirements, this date will epartment of State's records.	not be liste	ed as the
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were ad action was not required.	opted by the incorporators, or board of directors without shareholder action and	shareholde	r
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.		
☐ The amendment(s) was/were apmust be separately provided fo	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):		
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	2021 0	11.17.14.1 1.18.
by	(voting group)	DEC 20	*
	12/20/2021	4	
Dated	189-	AM 10: 1	Sizi Sizi
select	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court med fiduciary by that fiduciary) ALBERTO ACUNA ARANGO	7	÷.
	(Typed or printed name of person signing) PRESIDENT		_
	(Title of person signing)	_~	-