# P05000105432

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(Requestor's Name)

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(City/State/Zip/Phone #)

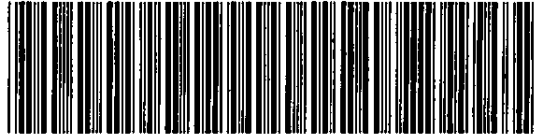☐ PICK-UP     ☐ WAIT     ☐ MAIL

_____
(Business Entity Name)

_____
(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

# COVER LETTER

**TO:** Amendment Section
Division of Corporations

**NAME OF CORPORATION:** _Treasure Coast Vending Inc_

**DOCUMENT NUMBER:** _P05000105432_

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

_Chris Deariso_
(Name of Contact Person)

_Treasure Coast Vending Inc_
(Firm/ Company)

_2484 SE Renick Ave_
(Address)

_Port Saint Lucie, FL 34952_
(City/ State and Zip Code)

For further information concerning this matter, please call:

_Chris Deariso_ at (_772_) _263-3995_
(Name of Contact Person)  (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ $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**
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

**Street Address**
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**Articles of Amendment**
to
**Articles of Incorporation**
of

Treasure Coast Vending Inc.

FILED

07 JUN 27 PM 9: 41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

P05000105432

(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:

**NEW CORPORATE NAME (if changing):**

(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")
(A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")

**AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE)** Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)

Add 3 Directors

1. Chris Deariso — 10619 SW West Park Ave
   Port Saint Lucie, FL 34987
2. Ernesto Martinez — 2484 SE Renick Ave
   Port Saint Lucie, FL 34952
3. Sara Page — 2254 SW Rockport Road
   Port Saint Lucie, FL 34953

DELETE 2 DIRECTORS EFFECTIVE 6/25/07
1. DANIEL M. O'CONNOR - 299 SW HATTERAS COURT PALM CITY, FL 34990

(Attach additional pages if necessary)

2. CYNTHIA J. O'CONNOR - 299 SW HATTERAS COURT PALM CITY, FL 34990

If an amendment provides for exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

(continued)

The date of each amendment(s) adoption: _June 9, 2007_

Effective date if __applicable__: _June 29, 2007_

(no more than 90 days after amendment file date)

**Adoption of Amendment(s)**          **(CHECK ONE)**

☐ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for 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)

☑ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Signature _____

(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)

__DANIEL M. O'CONNOR__

(Typed or printed name of person signing)

__PRESIDENT / DIRECTOR__

(Title of person signing)

**FILING FEE: $35**