P14000049047

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

C.Lewis 14

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: PREFERRED HOTEL AMENITIES, INC. DOCUMENT NUMBER: P14000049047						
The enclosed Articles of Amendment and fee are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
KENNETH MARDER						
Name of Contact Person						
Firm/ Company						
· · · · · · · · · · · · · · · · · · ·						
Address 730 CABLE BEACH LANE, PALM BEACH GARDENS, FL 33410						
City/ State and Zip Code						
KENNYMARDER@HOTMAIL.COM						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
JOHN ANDREW JONES, CPA at (561) 408-2503						
Name of Contact Person Area Code & Daytime Telephone Number						
Enclosed is a check for the following amount made payable to the Florida Department of State:						
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee & Certified Copy (Additional Copy is enclosed) \$43.75 Filing Fee & Certified Copy (Certified Copy (Additional Copy is enclosed)						
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301						

Articles of Amendment to Articles of Incorporation of

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

PREFERRED HOTEL AMENITIES, INC.

14 OCT 30 PH 2: 22

(Name of Corporation as currently filed with the Flor	ida Dept. of State)
P14000049047	
(Document Number of Corporation (if k	nown)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida</i> Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
PREFERRED HEALTHY VENDING, INC.	The new
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or "Coword "chartered." "professional association," or the abbreviation "P.	o". A professional corporation name must contain the
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)	
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	s in Florida, enter the name of the
Name of New Registered Agent	
Hame of New Registered Agent	
(Florida stree	t address)
New Registered Office Address:	, Florida
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with	th and accept the obligations of the position.
Signature of New Registered Ag	ent, 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.

Example: X 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>	<u>Name</u>	<u>Addres</u> s			
1) Change	Р	KENNETH MARDER	730 CABLE BEACH LANE			
Add			PALM BEACH GARDENS			
Remove			FLORIDA 33410			
2) Change	ST	SUZANNE ST. CLAIR	214 OLD MEADOW WAY			
Add			PALM BEACH GARDENS			
Remove			FLORIDA 33418			
3) Change						
Add						
Remove						
4) Change						
Add						
Remove						
5) Change						
Add						
Remove						
6) Change		_				
Add						
Remove						

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
NOT APPLICABLE	
	<u> </u>
	<u></u>
	
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shar	'es.
provisions for implementing the amendment if not contained in the amendment itself:	_
(if not applicable, indicate N/A) NOT APPLICABLE	
NOT APPLICABLE	

•	0507514050.0				
The date of each amendmen date this document was signed	t(s) adoption: SEPTEMBER 3	0, 2014 DIVISION OF C	URPURATIONS	, if other than the	
_	SEPTEMBER 30, 2014	14 OCT 30	PM 2: 22		
Effective date <u>if applicable</u> :		(no more than 90 days after amendment file date)			
Adoption of Amendment(s)	(<u>CHECK ONE)</u>				
	ere adopted by the shareholders. The ere sufficient for approval.	number of votes cast for the	e amendment(s)		
	ere approved by the shareholders thro led for each voting group entitled to v				
"The number of vote	s cast for the amendment(s) was/were	e sufficient for approval			
by					
	(voting group)				
The amendment(s) was/we action was not required.	ere adopted by the board of directors	without shareholder action a	and shareholder		
The amendment(s) was/we action was not required.	ere adopted by the incorporators with	out shareholder action and s	shareholder		
Dated SE	PTEMBER 30, 2014				
Signature _	Kenneth Marde	<u> </u>			
S	By a director, president or other offic selected, by an incorporator – if in the appointed fiduciary by that fiduciary)	e hands of a receiver, trustee			
	KENNETH MARDER				
	(Typed or p	rinted name of person signi	ng)	.	
	PRESIDENT	•			
	(Tit	le of person signing)			