## P140000 57446

| (Re                     | questor's Name)   |           |
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| PICK-UP                 | ☐ WAIT            | MAIL      |
|                         |                   |           |
| (Bu                     | siness Entity Nam | e)        |
|                         |                   |           |
| (Do                     | cument Number)    |           |
| Certified Copies        | _ Certificates    | of Status |
|                         |                   |           |
| Special Instructions to | Filing Officer:   |           |
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SECRETARY OF S TALLAHASSEE.

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPOR   | ATION: Vending Solutions                    | Inc  |  |
|--|---|--|--|
| DOCUMENT NUMB  | D14000057466                                | P  |  |
| The enclosed Articles  | of Amendment and fee are su                 | bmitted for filing.  |  |
| Please return all corres   | pondence concerning this ma                 | tter to the following:   |  |
|  | Todd E McClellan                            |  |  |
|  |   | Name of Contact Persor   | 1  |
|  |   | Firm/ Company  |  |
|  | 23126 Foreside Ave                          |  |  |
|  |   | Address  |  |
|  | Brooksville, FL 34601                       |  |  |
|  |   | City/ State and Zip Code   | 9  |
|  | toddmc66@gmailc.oom                         |  |  |
|  | E-mail address: (to be us                   | sed for future annual report   | notification)  |
| For further information  | n concerning this matter, pleas             | se call:   |  |
| Todd E McClellan   |   | at ( <sup>352</sup>  | de & Daytime Telephone Number  |
| Name o   | f Contact Person                            | Area Co  | de & Daytime Telephone Number  |
| Enclosed is a check for  | the following amount made                   | payable to the Florida Depa  | nriment of State:  |
| S35 Filing Fee   | ☐\$43.75 Filing Fee & Certificate of Status | S43.75 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 |  |

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

to

| Viending Solutions Inc   | and the state of t |   |   |
|--|--|---|---|
| (Name of Corporation as curren   | tly filed with the Florida Dept, of Sta  | <u>te</u> )                             |   |
|  | of Corporation (if known)  |   |   |
| Pursuant to the provisions of section 607,1006, Florida Statutes, thi its Articles of Incorporation:   | s Florida Profit Corporation adopts the  | e following amend                       | ment(s)                                       |
| A. If amending name, enter the new name of the corporation:  |  |   |   |
| Tier One Inc   |  | The n                                   | ( <b>/</b> 11'                                |
| name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.A | A professional corporation name mi   | bbreviation "Corp<br>ist contain the we | ).,''<br>ord                                  |
| B. Enter new principal office address, if applicable:  | 23126 Foreside Ave   |   |   |
| (Principal office address <u>MUST BE A STREET ADDRESS</u> )  | Brooksville, FL 34601  |   | _   |
|  | *****  | 20<br>S!                                | _   |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  | 23126 Foreside Ave   | 20 AI                                   | ana jong                                      |
|  | Brooksville, FL 34601  | 10 25<br>10 25<br>10 25                 | — , V ₫<br>— , V ₫                            |
|  |  | √SS <b>P</b>                            | _ <u>[                                   </u> |
| D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre  |  | ľΠco                                    | U   |
| Name of New Registered Agent   |  |   |   |
|  |  |   |   |
| (Florida s   | street address)  |   |   |
| New Registered Office Address:   | , Florid   | a(Zip Code)                             | _   |
|  | (4.0)  | 14                                      |   |
| New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familian  |  | position.                               |   |
|  |  |   |   |
| Signature of New   | Registered Agent, if changing  |   |   |
| Check if applicable  |  |   |   |

☐ 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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

| Example: X Change             | PΤ           | John Doc    |                           |
|-------------------------------|--------------|-------------|---------------------------|
| X Remove                      | <u>V</u>     | Mike Jones  |                           |
|                               |              |             |                           |
| X Add                         | <u>SV</u>    | Sally Smith |                           |
| Type of Action<br>(Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s           |
| 1) Change                     |              |             |                           |
| Add                           |              |             |                           |
| Remove                        |              |             |                           |
| 2) Change                     |              | _           | <br>                      |
| Add                           |              |             |                           |
| Remove 3.) Change             |              |             | <br>                      |
| Add                           |              |             |                           |
| Remove                        |              |             |                           |
| 4) Change                     |              |             | <br>                      |
| Add                           |              |             |                           |
| Remove                        |              |             | reconstruct of the second |
| 5) Change                     |              | <u> </u>    | <br>                      |
| Add                           |              |             |                           |
| Remove                        |              |             |                           |
| 6) Change                     |              | _           | <br>                      |
| Add                           |              |             |                           |
| Remove                        |              |             |                           |

| E. <u>If amending or adding additional Articles, enter change(s) here</u> : (Attach additional sheets, if necessary). (Be specific) |  |                         |                        |             |
|---|--|-------------------------|------------------------|-------------|
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| F. If an amendment provid   | es for an exchange, reclas               | sification, or cancella | tion of issued shares, |             |
| (if not applicable, in  | nting the amendment if no<br>dicate N/A) | ot contained in the an  | iendment itselt:       |             |
|   |  |                         |                        |             |
|   |  |                         |                        |             |
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|  | t(s) adoption:  | , if other than the                 |
|--|---|-------------------------------------|
| date this document was signed                      | 07/01/2020  |                                     |
| Effective date <u>if applicable</u> :              | (no more than 90 days after amendment file date)  |                                     |
|  | this block does not meet the applicable statutory filing requirements, he Department of State's records.  | this date will not be listed as the |
| Adoption of Amendment(s)                           | ( <u>CHECK ONE</u> )  |                                     |
| ☐ The amendment(s) was/we action was not required. | re adopted by the incorporators, or board of directors without sharehold  | der action and shareholder          |
|  | re adopted by the shareholders. The number of votes east for the amenere sufficient for approval.   | dment(s)                            |
|  | re approved by the shareholders through voting groups. The following ed for each voting group entitled to vote separately on the amendment(   |                                     |
| "The number of vote                                | s east for the amendment(s) was/were sufficient for approval  |                                     |
| by   | (voting group)  |                                     |
|  | (voting group)  |                                     |
| 06/21<br>Dated                                     | /2020   |                                     |
|  |   |                                     |
| Si   | By a director, president or other officer – if directors or officers have no elected, by an incorporator – if in the hands of a receiver, trustee, or otleppointed fiduciary by that fiduciary) |                                     |
|  | Todd E McClellan  |                                     |
|  | (Typed or printed name of person signing)   | •                                   |
|  | President Sus Milling   |                                     |
|  | (Title of person signing)   |                                     |