P17000050112

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Amendicas

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	PRATION: PREMIUM HEAL	THY VENDING, INC.			
DOCUMENT NUM	P17000050112				
The enclosed Article	s of Amendment and fee are su	ibmitted for filing.			
Please return all corr	espondence concerning this ma	nter to the following:			
	VIJAY RAMNARINE				
		Name of Contact Person	n		
	PREMIUM HEALTHY VENDING, INC.				
		Firm/ Company			
	9674 REYMONT ST				
	Address				
	ORLANDO, FL 32827				
		City/ State and Zip Cod	e		
VIII	AY@PREMIUMHEALTHYVI	ENDING COM			
		sed for future annual report	notification)		
	is min address. (W oc u	sed for rature annual report	TRAIT COLONY		
For further information	on concerning this matter, plea	se call:			
VIJAY RAMNARINE		at (407	de & Daytime Telephone Number		
Name of Contact Person		Area Co	de & Daytime Telephone Number		
Enclosed is a check f	or the following amount made	payable to the Florida Depa	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)		
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 Articles of Incorporation of

		Amendment on corporation of the filed with the Florida Dept. of State)
	•	o acorporation
		of Sec. Sec.
PREMIUM HEALTHY VENDING, INC		1998 A
(<u>Name o</u>	f Corporation as curren	tly filed with the Florida Dept. of State)
P17000050112		S. Mil
	(Document Number	of Corporation (if known)
rursuant to the provisions of section 607.1 its Articles of Incorporation: A. If amending name, enter the new na		s Florida Profit Corporation adopts the following amendme
		The new
"Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or word "chartered," "professional association," or the abbreviation B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
(Principal office address <u>MUST BE A ST</u>		ORLANDO, FL 32827
	rable:	ORLANDO, FL 32827 9674 REYMONT ST
C. Enter new mailing address, if applic	rable:	
C. Enter new mailing address, if applic (Mailing address <u>MAY BE A POST O</u>	TREET ADDRESS) Table: OFFICE BOX) Mor registered office add	9674 REYMONT ST ORLANDO, FL 32827 dress in Florida, enter the name of the
C. Enter new mailing address, if applic (Mailing address MAY BE A POST O	TREET ADDRESS) Table: OFFICE BOX) Mor registered office add	9674 REYMONT ST ORLANDO, FL 32827 dress in Florida, enter the name of the
C. Enter new mailing address, if applic (Mailing address MAY BE A POST O	TREET ADDRESS) Table: OFFICE BOX Vor registered office address	9674 REYMONT ST ORLANDO, FL 32827 dress in Florida, enter the name of the
C. Enter new mailing address, if applic (Mailing address MAY BE A POST Of the Mailing address of the Post of the New Name of New Registered Agent and New Registered Agent	TREET ADDRESS) Table: OFFICE BOX Tregistered office address VIJAY RAMNARINE 9674 REYMONT ST	9674 REYMONT ST ORLANDO, FL 32827 dress in Florida, enter the name of the
C. Enter new mailing address, if applic (Mailing address MAY BE A POST Of the Mailing address of the Registered agent and new registered agent and/or the new Name of New Registered Agent	TREET ADDRESS) Table: OFFICE BOX Tregistered office address VIJAY RAMNARINE 9674 REYMONT ST	9674 REYMONT ST ORLANDO, FL 32827 dress in Florida, enter the name of the ss:

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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.

Example: X Change	<u>6.1.</u>	<u>John Doe</u>	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P/D	THOMAS MICHAELIS	255 ST JOHN'S SIDEROAD WE
Add			AURORA, ONTARIO
X Remove			CANADA, L4GON1 CA
2) Change	P/D	VIJAY RAMNARINE	9674 REYMONT ST
X Add			ORLANDO, FL 32827
Remove	D/V/S	STACEY L. SUTHERLAND	255 ST JOHN'S SIDEROAD WE
3) Change		- STACET E. SOTHERLAND	
Add			AURORA, ONTARIO
X Remove			CANADA, L4GON1 CA
4) Change	D/V/S	JENIEVA BACCHUS-RAMNARIN	9674 REYMONT ST
X Add			ORLANDO, FL 32827
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)
The name and address of the sole member of the Board of Directors of this corporation was changed from:
Thomas Michaelis, 255 Saint John Side Road West, Aurora, Ontario, Canada L46ON1 to: Vijay Ramnarine, 9674
Reymont St, Orlando FL 32827.
F. If an amendment provides for an 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)
TRANSFER 50 SHARES TO VIJAY RAMNARINE
TRANSFER 50 SHARES TO JENIEVA BACCHUS-RAMNARINE

	OCTOBER 1ST, 2018	
The date of each amendment(s) ad	option:	, if other than th
date this document was signed.		
	OBER 1ST, 2018	
Effective date <u>if applicable</u> :	(no more than 90 days after amendme	ent file date)
Note: If the date inserted in this bl document's effective date on the Dep	ock does not meet the applicable statutory filing artment of State's records.	requirements, this date will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes cast ficient for approval.	t for the amendment(s)
☐ The amendment(s) was/were appropriate the separately provided for a	oved by the shareholders through voting groups. The each voting group entitled to vote separately on the	The following statement e amendment(s):
"The number of votes east f	or the amendment(s) was/were sufficient for appro	val
by	(voting group)	··
	(voting group)	
action was not required.	nted by the board of directors without shareholder a	
action was not required.	sted by the incorporators without shareholder actio	n and shareholder
DatedOc	Mober 181 2018	
Signature	Via cez	
selected	ctor, president or other officer – if directors or of by an incorporator – if in the hands of a receiver, and fiduciary by that fiduciary)	
_	(Typed/or printed name of person signir	INE
	(Typed or printed name of person signir	ng)
_	(Title of person signing)	
	(Title of person signing)	