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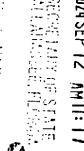
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(Address)
(Address)
(Ĉity/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPOR	ATION: Florid	19 PAlm Co	ast Vending, INC
DOCUMENT NUMB	ER: <u>P24000</u>	042809	
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
-	Robin D. F Floeda Ral 5651 Mor Fl. Myers robin Sler	Name of Contact Person Const Ver Firm/ Company Address Fl. 3399 City/ State and Zip Code and Top Code Address City/ State and Zip Code	ending, INC.
For further information	concerning this matter, pleas	·	marineman)
Robin D Name of	Pemion Contact Person	at (<u>233</u> Area Co) 841 - 2764 de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	S\$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)
Amer Divis	ing Address idment Section ion of Corporations Box 6327	Amend Divisio	Address Iment Section on of Corporations entre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

of

Florida Palm Coast V	Vendina Inc.
(Name of Corporation as curren	tly filed with the Florida Dept. of State)
P2400004280	09
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
NIA	The new
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 must contain the word
B. Enter new principal office address, if applicable:	NA
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
	7AL
C. Enter new mailing address, if applicable:	A P P
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	N TIC TI
	· · · · · · · · · · · · · · · · · · ·
	•
D. Kanaratin al	ym J
 If amending the registered agent and/or registered office addinew registered agent and/or the new registered office address 	
Name of New Registered Agent NA	
(Florida s	treet address)
New Registered Office Address: NA	, Florida
New Negligited Office flouress.	(City) (Lip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	nt: r with and accept the obligations of the 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 Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	John Doe	
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	<u>vP</u>	Chaeles R. Flemion	2504 N.W. 4th St
Add			CARCORAL FL.
Remove			33993
2) Change		-	
Add			
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Dumana			

	ticles, enter chang . (Be specific)			
NIA				
-N/-D		•		
-				
				
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				•
<u> </u>				
f an amendment provides for an ex	change, reclassifica	ition, or cancella	tion of issued sha	res,
provisions for implementing the an	<u>iendment if not co</u>	ntained <u>in the am</u>	endment itself:	
(if not applicable, indicate N/A)				
(1A				
	.			
- 				
			·	

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The date of each amendment(s) addite this document was signed.	doption:	1 2024	, if other than th
Effective date if applicable:			
	(no more than	90 days after amendment file date)	
Note: If the date inserted in this b document's effective date on the De		licable statutory filing requirements, this date will	not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)		
The amendment(s) was/were add action was not required.	pted by the incorporators, o	or board of directors without shareholder action and	shareholder
☐ The amendment(s) was/were add by the shareholders was/were su		The number of votes cast for the amendment(s)	
		hrough voting groups. The following statement to vote separately on the amendment(s):	
"The number of votes cast	for the amendment(s) was/v	vere sufficient for approval	
by	(voting group)	·"	
selected		Ticer – if directors or officers have not been the hands of a receiver, trustee, or other court ry)	
	(Typed or printe	d name of person signing)	
	Presiden	+	
	(Title of person	sienine)	

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	TION: Florid	ia Palm Co	east Vending, Inc.
DOCUMENT NUMBE	R: <u>P24000</u>	C42809	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles of	Amendment and fee are su	bmitted for filing.	
Please return all correspo	ondence concerning this ma	tter to the following:	
_	Robin D. F Floreda Pal	Name of Contact Person	ending Time.
_	5651 Nov	Firm/ Company Address	3
_	Ft. Myers	Fl. 33919 City/ State and Zip Cod	e
_	E-mail address: (to be us	none Icon ed for future annual report	notification)
For further information of	concerning this matter, pleas	se call:	
Redin D. Name of	Hemion Contact Person	at (<u>237</u> Area Co	de & Daytime Telephone Number
Enclosed is a check for t	he following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	S43.75 Filing Fee & Certificate of Status	S43.75 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303