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(((H18000107221 3)))



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April 5, 2018

FLORIDA DEPARTMENT OF STATE Division of Corporations

PIZZA MANIAC, INC. SOUTH BROWARD ACCING SVCS 5599 S UNIVERSITY DRIVE ~ STE 306 DAVIE, FL 33328

SUBJECT: PIZZA MANIAC, INC. REF: P00000043046

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The current name of the entity is as referenced above. Please correct your document accordingly.

There's a comma in the corporate name.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II FAX Aud. #: H18000107221 Letter Number: 818A00006905

18 APR-5 PH 4:20 ARY OF STALL RECEIVED

P.O BOX 6327 - Tallahassee, Florida 32314

H18000107221

ARTICLES OF AMENDMENT TO ARTICLES OF INCORPORATION OF

PIZZA MANIAC, INC. P00000043046

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida profit corporation adopts the following articles of amendment to its articles of incorporation:

FIRST: Amendment(s) adopted:

Article VII is hereby amended so that the corporation shall have one director. It shall remove as officer of the company:

Walter O. Lopez - Secretary

SECOND: The date of the amendment's adoption: January 1, 2018.

THIRD: The shareholders approved the amendment. The number of votes cast for the

Amendment was sufficient for approval

Signed this 6 day of March 2018. ත Signature Joseph Corte o Director Name printed JOSEPH CORTEO Title P Signature Walter O. Lopez Title VICE RES Name printed ER. O. L-OPEZ

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

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ACCOUNT NO. : I2000000195 REFERENCE : 147763 4311639 AUTHORIZATION : Julio Science COST LIMIT : \$ 35.00

ORDER DATE : April 5, 2018

ORDER TIME : 9:59 AM

ORDER NO. : 147763-005

CUSTOMER NO: 4311639

CHANGE OF AGENT

NAME: E2INSURANCE.COM, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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CONTACT PERSON: Roxanne Turner -- EXT#

EXAMINER: