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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER .

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Franchise Network	Deiray Beach, Inc.		
DOCUMENT NUM	りんつんんんのものんの			
The enclosed Article	s of Amendment and fee are sub	omitted for filing.		
Please return all corr	espondence concerning this mat	ter to the following:		
	Garry R. Spear			
		Name of Contact Person		
	Steven Serle, P.A.			
	Firm/ Company			
	5820 N. Federal Highway			
	Address			
	Boca Raton, Florida 33487			
		City/ State and Zip Code	•	
	serlelaw@jaol.com			
	E-mail address: (to be us	sed for future annual report	notification)	
For further informat	ion concerning this matter, pleas	se call:		
Garry R. Spear		at (561	912-3580	
Name of Contact Person		at (561) 912-3580 Area Code & Daytime Telephone Number		
Enclosed is a check	for the following amount made	payable to the Florida Depi	artment 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

Franchise Network Delray Beach, Inc.



202000095969			9
	(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607. ts Articles of Incorporation:	1006, Florida Statutes, this I	Florida Profit Corporation :	adopts the following amendment(s)
A. If amending name, enter the new n	ame of the corporation:		
N/A			The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	Torp, " "Inc," or "Co". A		" or the abbreviation "Corp.,"
3. Enter new principal office address, Principal office address <u>MUST BE A S</u>			
			····
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		3300 North State Road 7	
		Lauderdale Lakes, Florid	la 33319
 If amending the registered agent ar new registered agent and/or the new 		ess in Florida, enter the na	ame of the
-	Steven Serle, P.A.		
Name of New Registered Agent	5820 N. Federal Highway		
	(Florida stre	et address)	
	Boca Raton	C	33487
New Registered Office Address:		Ciw	, Florida (Zip Code)
			·
New Registered Agent's Signature, if c hereby accept the appointment as regist		ith and account the abligation	we at the position
mercial description deproximation description		y and decept the ornigino	as of the position.
	Signalure of New-Re	gistered 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)

Example:

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	PT Jol	<u>hn Doe</u>	
X Remove	<u>V</u> <u>Mi</u>	ike Jones	
X Add	<u>SV</u> <u>Sa</u>	lly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Nar.1e</u>	<u>Addres</u> s
1) Change	PSTD	Henry P. Gorchoff	3210 South Ocean Boulevard
Add			Unit 702
X Remove			Highland Beach, Florida 33487
2) Change	PSTD	Michael J. Casper	3300 North State Road 7
X Add			Lauderdale Lakes, Florida 33319
Remove 3) Change			
Add			
Remove			
4) Change		<u></u>	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)				
A				
				
				
				
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		<u>. </u>		
				
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If an amendment provides for an exc	change, reclassificat	ion, or cancenation	UL ISSUEU SHAFES.	
provisions for implementing the am	iendment if not cont	ained in the amend	ment itseit:	
(if not applicable, indicate N/A)				
^r A			•	
				
		_		

	September 1, 2020	'C - shan shan sha
The date of each	h amendment(s) adoption:	, if other than the
	N/A	
Effective date <u>if</u>	f applicable: (no more than 90 days after amendment file dat	(e)
Note: If the dat	te inserted in this block does not meet the applicable statutory filing requirement of State's records.	ents, this date will not be listed as the
Adoption of An	nendment(s) (CHECK ONE)	
The amendment action was no	ent(s) was/were adopted by the incorporators, or board of directors without share of required.	cholder action and shareholder
The amendm by the sharel	tent(s) was/were adopted by the shareholders. The number of votes east for the a holders was/were sufficient for approval.	mendment(s)
☐ The amendm must be sepa	nent(s) was/were approved by the shareholders through voting groups. The followarately provided for each voting group entitled to vote separately on the amendm	wing statement nent(s):
"The n	umber of votes cast for the amendment(s) was/were sufficient for approval	
by	"	
	(voting group)	
	09/01/2020	
	Dated	
	Signature	
	(By a director, president or other officer – if directors or officers has selected, by a micorporator – if in the hands of a receiver, trustee, cappointed fiduciary by that fiduciary)	ve not been or other court
	Michael J. Casper	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	