## P03000009310

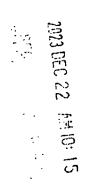
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Busiliess Littly Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer.
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPO	RATION: Pizza Haven, Inc.		
	BER: P03000009310		
	of Amendment and fee are su	ibmitted for filing.	
Please return all corre	espondence concerning this ma	atter to the following:	
	Modesto Cruz		
		Name of Contact Person	n
		Firm/ Company	
	604 N Wills St.		
		Address	
	Plant City, FL 33563		
		City/ State and Zip Cod	е
	momolan@yahoo.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	
Constance Anagnost		at ( <u></u> 813	_) 651-0406
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	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)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Am Div	iling Address endment Section ision of Corporations Box 6327	Street Address Amendment Section Division of Corporations The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tailahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

Pizza Haven, Inc.			
(Name	of Corporation as currently	filed with the Florida Dept. of Sta	te)
P03000009310			
	(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this F	Florida Profit Corporation adopts the	e following amendment(s) to
A. If amending name, enter the new n Mo's Pizza Kitchen, Inc.	ame of the corporation:		TL
name must be distinguishable and contain "Inc.," or Co.," or the designation "Contracted," "professional association,"	Corp," "Inc," or "Co". A	ompany," or "incorporated" or the a professional corporation name mu	The new bbreviation "Corp.," ist contain the word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )		604 N Wills St.	
		Plant City, FL 33563	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		604 N Wills St.	
		Plant City, FL 33563	2023
		;	
D. If amending the registered agent an	d/or registered office addre	ss in Florida, enter the name of th	22
new registered agent and/or the new	v registered office address:		
Name of New Registered Agent	Modesto Cruz		100
	604 N Wills St.		15
	(Florida stree	et address)	<u> </u>
New Registered Office Address:	Plant City	, Florida	33563
	((	City)	(Zip Code)
New Registered Agent's Signature, if cl I hereby accept the appointment as regist	hanging Registered Agent: ered agent. I am familiar wi	th and accept the obligations of the p	position.
	Ant A		
	Signature of New Res	istered Agent, if changing	<del> </del>
Check if applicable  The amendment(s) is/are being filed po	#ursuant to s. 607.0120 (11) (c	N.E.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)

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	<u>PT</u>	John Do	<u>¢</u>	
X Remove	<u>Y</u>	Mike Jo	nes	
_X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) x Change	PSTD	_	Modesto Cruz	604 N Wills St.
Add				Plant City, FL 33563
Remove				
2) Change		_		
Add				
Remove 3) Change		<del></del>		
Add				· · · · · · · · · · · · · · · · · · ·
Remove				
4) Change		_		
Add				
Remove				
5) Change		<u>-</u>	<del></del>	
Add				
Remove				
6) Change		-		
Add				
Remove				

(Attach additional sheets, if necessary).	(Be specific)
'A	
	······································
	W William
<del></del>	
<del></del>	
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
(if not applicable, indicate N/A)	nument if not contained in the amendment usen.
Α	
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···	

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	January 1, 2024	
The date of each amendment		, if other than the
date this document was signed		
Effective date if applicable:	January 1, 2024	
	(no more than 90 days after an	nendment file date)
	his block does not meet the applicable statutory ne Department of State's records.	filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/wer action was not required.	re adopted by the incorporators, or board of director	ors without shareholder action and shareholder
☐ The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of vo ere sufficient for approval.	etes cast for the amendment(s)
	e approved by the shareholders through voting grad for each voting group entitled to vote separately	
"The number of votes	cast for the amendment(s) was/were sufficient fo	r approval
by		
•	(voting group)	
Dated	12/17/2023	
Signature		
(B	y a director, president or other officer - if director	
	lected, by an incorporator + if in the hands of a repointed fiduciary by that fiduciary)	eiver trustee, or other court
qt	Modesto Cruz	// / -
	(Typed or printed name of person	signing
	President	ע
	(Title of person signing)	Alle Co. To