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COVER LETTER

TO: Amendment Section

Division of Corporations
NAME OF CORPORATION: Subway One TVC
DOCUMENT NUMBER: YOSCOOT2292
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person
Name of Contact Person
Keburling Klantacy USA
Firm Company
925 Smilitary Trail, 194
WB, R 5345
City/ State and Zip Code
Marif Carronting advantage U.G. (om Il mail address: (to be used for future annual report notification)
Hymail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Navaer Harril 31,561,687-646
Name of Corract Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee Certified Copy (Additional Copy is enclosed)
Mailing Address Street Address
Amendment Section Amendment Section Division of Corporations Division of Corporations
P.O. Box 6327 Clifton Building

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

of

to

Suhway One IN.	
(Name of Corporation as current)	ly filed with the Florida Dept. of State)
<u> </u>	
(Document Number o	f Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporatio "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "word "chartered," "professional association," or the abbreviation "	'Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
	SIGN FI
D. If amending the registered agent and/or registered office addr	
new registered agent and/or the new registered office address	
Name of New Registered Agent	
(Florida sir	eet address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent. I am familiar w	with and accept the obligations of the position.
Signature of New R	egistered 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 <math>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>РТ</u>	John Doe	
X Remove	$\underline{\mathbf{v}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	UP	Motammae A. Ismail	
Add			Remboke Pines, R 32029
Remove			
2) Change	<u>\begin{align*} & &</u>	Harcon Terrail	1110 Sw 191 Terrace
			Pemboke Pines, R 33029
Remove			
3ange			
Add			
Remove			
4) Change	<u>P</u>	AMINR. TSMATZ	1000 SW 195 th premue
<u>√</u> ∧dd			Rembroke Pines, 1 33029
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			· · · · · · · · · · · · · · · · · · ·
Remove			

If amending or adding additional Art Attach additional sheets, if necessary).	(Be specific)		
	and the second s	•	
If an amendment provides for an exch provisions for implementing the ame	nange, reclassification, or ca	incellation of issued share	<u>s,</u>
(if not applicable, indicate N/A)	nument is not contained to	me amendment fisch.	

· · Ohlic	
The date of each amendment(s) adoption: \(\lambda \lamb	if other than
Effective date if applicable: 8/11/15	
Effective date if applicable: 8 /	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will no document's effective date on the Department of State's records	l be listed as
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated	
Signature Amin Z	
(By a director, president or other officer – if directors or officers have not been	
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
Amin R. Tomail (Typed or printed name of person signing)	
(Typed or printed name of person signing)	
resident	
(Title of person signing)	

the

the