

P03000123001

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

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600159845496

*None  
change  
amend*

09/03/09--01006--007 \*\*35.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2009 OCT 13 PM 4:56

FILED

*X-00789, 02545, 00671*

*AOR  
10/13/09*

**COVER LETTER**

**TO: Amendment Section**  
**Division of Corporations**

NAME OF CORPORATION: Original New York Pizza Department, Inc.

DOCUMENT NUMBER: P03000123001

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Eric Kohronas

Name of Contact Person

Original New York Pizza Department

Firm/ Company

9910 Alternate A1A, Suite 701

Address

Palm Beach Gardens, FL 33410

City/ State and Zip Code

x Pizzachefs@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Eric Kohronas

Name of Contact Person

at ( 561 ) 207-6973

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department 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)

**Mailing Address**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 10, 2009

Eric Kohronas  
Original New York Pizza Department Inc.  
9910 Alternate A1A, Suite 701  
Palm Beach Gardens, FL 33410

SUBJECT: ORIGINAL NEW YORK PIZZA DEPARTMENT INC.  
Ref. Number: P03000123001

We have received your document for ORIGINAL NEW YORK PIZZA DEPARTMENT INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

The document number of the name conflict is 518851.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6907.

Annette Ramsey  
Regulatory Specialist II

Letter Number: 609A00029978

# Sharpening your FOCUS

October 9, 2009

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**RE: Original New York Pizza Department Inc.  
Name Change Amendment  
Document No. P03000123001**

Gentlemen:

We are the accountants for the above-referenced. Our clients are in receipt of your September 10, 2009 letter (copy enclosed). We contacted Teresa at your office this morning and she advised that the name Pizza Chefs, Inc. is now available.

We are hereby returning the original Articles of Amendment to Articles of Incorporation of Original New York Pizza Department Inc. to change their corporate name to Pizza Chefs, Inc., which has already been paid for. Please process the name change amendment and mail our client's the confirmation.

Thank you for your consideration in this matter.

Very truly yours,



B. Alan Dubrow

RECEIVED  
OCT 13 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FL 32314

Articles of Amendment  
to  
Articles of Incorporation  
of

FILED

Original New York Pizza Department PH 11/15/66

(Name of Corporation as currently filed with the Florida Dept. of State)

P03000123001

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

Pizza Chefs, Inc.

*The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

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)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

New Registered Office Address:

(Florida street address)

(City)

\_\_\_\_\_, Florida  
(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

\_\_\_\_\_  
*Signature of New Registered 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)*

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	

**E. If amending or adding additional Articles, enter change(s) here:**  
*(attach additional sheets, if necessary). (Be specific)*

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**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:**  
*(if not applicable, indicate N/A)*

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The date of each amendment(s) adoption: 8/18/2009  
(date of adoption is required)  
Effective date if applicable: 8/18/2009  
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

☒ 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 ☒ 8/20/09

Signature ☒ 

(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)

Eric Kohronas

(Typed or printed name of person signing)

Director

(Title of person signing)