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Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)205-0380

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255

Phone : (305) 634-3694

Fax Number

: (305)633-9696

COR AMND/RESTATE/CORRECT OR O/D RESIGN

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NEW RIVER PIZZA CAFE, INC.

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Electronic Filing Menu

Corporate Filing Menu

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Articles of Amendment

Articles of Incorporation (Name of corporation as currently filed with the Florida Dept. of State) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporate adopts the following amendment(s) to its Articles of Incorporation: NEW CORPORATE NAME (if changing): (Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.") (A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.") AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC) (Attach additional pages if necessary) If an amendment provides for 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)

(continued)

10/4-27-2007 13:41

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NEW RIVER PIZZA CAFÉ, INC.

DOCUMENT NUMBER: P05000135142.

AMENDMENTS

ARTICLE IV - REGISTERED AGENT

CHANGE REGISTERED AGENT TO: JOEL MARCUS

676 WEST PROSPECT ROAD FORT LAUDERDALE, FL 33309

ARTICLE VI - OFFICERS AND DIRECTORS

DELETE ROGER S. WILCOX (Director)

1970 SAWGRASS MILLS CIRCLE

SUNRISE, FL 33323

<u>DELETE</u> DIANE D. WILCOX (Director)

1970 SAWGRASS MILLS CIRCLE

SUNRISE, FL 33323

ADD JOHN R. WILCOX (AS DIRECTOR AND PRESIDENT)

1970 SAWGRASS MILLS CIRCLE

SUNRISE, FL 33323

ADD MILES SMITH (AS VICE-PRESIDENT)

1970 SAWGRASS MILLS CIRCLE

SUNRISE, FL 33323

The date of each amendment(s) adoption: 50nQ 27th, 2007
Effective date if applicable:
(no more than 90 days after amendment (ile date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were approved 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.
Signature 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)
(Typed or printed name of person signing)
(Typed or printed name of person signing)
ROGER WILCOX
(Title of person signing)

FILING FEE: \$35

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CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

- 1. The name of the corporation is: NEW RIVER PIZZA CAFÉ, INC.
- 1. The name and address of the registered agent is:

JOEL MARCUS 676 WEST PROSEPCT ROAD FORT LAUDERDALE, FL 33809

SIGNATURE (Incorporator)

DATE

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE NAMED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I BEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE (Registered Ag

DATE

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