

P110000076839

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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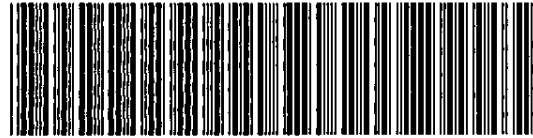
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

Amend  
10/11/9/11

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** NY PIZZA OF ORMOND BEACH INC.

**DOCUMENT NUMBER:** P11000076839

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

Please return all correspondence concerning this matter to the following:

Mr. Chris Kocher

Name of Contact Person

LCI Taxes

Firm/ Company

904 E. MOODY BLVD. BOX 1711

Address

BUNNELL FLORIDA 32110

City/ State and Zip Code

chriskocher@lcitytaxes.com

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

For further information concerning this matter, please call:

Chris Mika

Name of Contact Person

at ( 484 ) 201-8261

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

Articles of Amendment  
to  
Articles of Incorporation  
of

NY PIZZA OF ORMOND BEACH INC.

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

P-11000076839

(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:**

*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**)

175 S. NOVA RD #7

ORMOND BEACH

FLORIDA 32174

**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:

LCI TAXES

New Registered Office Address:

904 E MOODY BLVD

(Florida street address)

BUNNELL

(City)

Florida 32110

(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

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DIVISION OF CORPORATIONS  
11 NOV - 8 4:11:46

**If AMENDING the Officers and/or Directors, please list all officers/directors of the corporation as you now want the record to be. Please indicate the title(s), name and address for each officer/director.**

*(Our database can index up to 6 officers/directors. If you have more than 6 officers/directors, please list them on an additional sheet.)*

<u>Title(s)</u>	<u>Name</u>	<u>Address</u>
1) <u>President</u>	<u>Heather Yakaitis</u>	<u>701 E. Montgomery St</u> <u>Allentown, PA 18103-5275</u>
2) <u>VP</u>	<u>Kurtis Duryea</u>	<u>70 Emerson Dr</u> <u>Palm Coast, FL 32164</u>
3) <u>Secretary</u>	<u>Marie Kosman</u>	<u>11633 Vista Royal Dr.</u> <u>Hudson, FL 34667</u>
4) <u>Treasurer</u>	<u>Richard Kosman</u>	<u>11633 Vista Royal Dr.</u> <u>Hudson, FL 34667</u>
5) _____	_____	_____ _____ _____
6) _____	_____	_____ _____ _____

**If REMOVING an officer and/or director, please list the title(s) and name of the officer/director to be removed:**

<u>Title(s)</u>	<u>Name</u>	<u>Title(s)</u>	<u>Name</u>
1) <u>President</u>	<u>Christine Mika</u>	4) _____	_____
2) _____	_____	5) _____	_____
3) _____	_____	6) _____	_____



The date of each amendment(s) adoption: 11/1/2011

Effective date if applicable: 11/1/2011 (date of adoption - required)  
(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 November 1, 2011

Signature Christine Mika  
(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)

Christine Mika

(Typed or printed name of person signing)

President

(Title of person signing)