# P14000010570

Office Use Only



900289351969

08/30/16--01012--003 \*\*35.00

16 AUG 30 FM 6: 46

Lumbramo

SEP 1 3 2016 D CUSHING

#### **COVER LETTER**

TO: Amendment Section Division of Corporations NAME OF CORPORATION: PALACE PIZZA FOOD TRUCK INC **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: **ROSARIA S MORIELLO** Name of Contact Person Firm/ Company 4160 FESTIVAL POINTE BLVD Address MULBERRY,FL 33860 City/ State and Zip Code ALICESACCOUNTING@YAHOO.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ROSARIA S MORIELLO Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$52.50 Filing Fee \$35 Filing Fee □\$43.75 Filing Fee & **□\$43.75** Filing Fee &

Certified Copy

enclosed)

(Additional copy is

## **Mailing Address**

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

Certificate of Status

#### Street Address

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

Certificate of Status

Certified Copy

(Additional Copy is enclosed)

### Articles of Amendment to Articles of Incorporation of

PALACE PIZZA FOOD TRUCK INC

· (Name of Corp	oration as currently filed with the Florida Dept. of State)
P14000010570	
(E	Occument Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Fits Articles of Incorporation:	Florida Statutes, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of	the corporation:
	The new
	e word "corporation," "company," or "incorporated" or the abbreviation "Corp," "Inc," or "Co". A professional corporation name must contain the or the abbreviation "P.A."
B. Enter new principal office address, if appli (Principal office address MUST BE A STREET	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	<u>E BOX</u> )
D. If amending the registered agent and/or renew registered agent and/or the new registered.	egistered office address in Florida, enter the name of the tered office address:
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	(City) , Florida (Zip Code)
	(Chy) (Zip Code)
New Registered Agent's Signature, if changin	
i nereby accept the appointment as registered ag	gent. 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)

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>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) X Change	VP/S	GIOVANNI S MORIELLO	837 WOODWARD ST
Add			LAKELAND, FL 33860
Remove			
2) Change	P/S	ROSARIA S MORIELLO	4160 FESTIVAL POINTE BLVD
X Add			MULBERRY,FL 33860
Remove			
3 ) Change	T/S	SALVATORE M SCHIANO JR	406 CAREY PLACE
X Add			LAKELAND,FL 33803
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

<b>f amending or adding additional Arti</b> Attach <i>additional sheets, if necessary).</i>	(Be specific)
6 a., a., a., a., d., a., a., a., a., d. a., 6 a., a., a., a., a.	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
ı	

. 08/22/2016	
The date of each amendment(s) adoption: date this document was signed.	, if other than the
08/22/2016	
Éffective date <u>if applicable</u> :  (no more than 90 days after amendment file date)	
(no more than 90 days after amenament fite date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, the document's effective date on the Department of State's records.	is date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	ent(s)
The amendment(s) was/were approved by the shareholders through voting groups. The following stamust 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)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and sharel action was not required.	nolder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	er
Dated	
(By/a director, president or other officer – if directors or officers have not be selected, by an incorporator – if in the hands of a receiver, trustee, or other appointed fiduciary by that fiduciary)	
GIOVANNI S MORIELLO	
(Typed or printed name of person signing)	<u></u>
VICE PRESIDENT	
(Title of person signing)	