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SECRETARY OF STATES OF STA

JUN 15 2015

I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: NY KING PIZZA	INC	
DOCUMENT NUM	D15000025471		
The enclosed Articles	s of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	CARLOS OLIVEIRA		
		Name of Contact Person	n
	NY KING PIZZA INC		
•		Firm/ Company	
	24169 US HWY 27		
		Address	
	LAKE WALES, FL 33859		
		City/ State and Zip Cod	e
For further information	E-mail address: (to be use	sed for future annual report	notification)
CARLOS OLIVEIRA	A	at (230-8645
Name	of Contact Person		de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment 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)
	iling Address		Address
	endment Section ision of Corporations		lment Section on of Corporations
	Box 6327		Building
	lahassee, FL 32314	2661 E	xecutive Center Circle
	•	Tallaha	ssee, FL 32301

Articles of Amendment to Articles of Incorporation of

NY KING PIZZA INC (Name of Corporation as currently filed with the Florida Dept. of State) P15000035471 (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 <u>MUST BE A STREET ADDRESS</u>) 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 (Florida street address) New Registered Office Address: (City) (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)

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>	<u>Name</u>	<u>Addres</u> s
1) X Change	P	CARLOS OLIVEIRA	808 SPRING OAK CIR
Add			ORLANDO FL 32828
Remove			
2) X Change	VP	DOMINGO MONTES	6512 SWISSCO DR APT 1427
Add			ORLANDO FL 32822
Remove			
3) Change			
Add			-
Remove			
4) Change			
Add			-
Remove			
5) Change			
Add			
Remove			
6) Change		_	
Add			
Remove			

f amending or adding add Attach <i>additional sheets, if i</i>	necessary). (Be spec	rific)		
				
				
				
				· - · · · · · · · · · · · · · · · · · ·
				<u> </u>
			.	
an amendment provides provisions for implementi	for an exchange, recl	assification, or cand	cellation of issued sh	ares,
(if not applicable, indic	cate N/A)	not contained in the	amendment risen.	
				<u></u>
	<u> </u>			

2. 1. 180

The date of each amendment(s) adopt	on:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Departs	does not meet the applicable statutory filing requirements, this date nent of State's records.	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes cast for the amendment(s) ent for approval.	
	ed by the shareholders through voting groups. The following statement voting group entitled to vote separately on the amendment(s):	,
"The number of votes cast for t	he amendment(s) was/were sufficient for approval	
by	,,	
	(voting group)	
☐ The amendment(s) was/were adopted action was not required.	by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopted action was not required.	by the incorporators without shareholder action and shareholder	
06/02/2015 Dated		
	Niz monte	
selected, by	or, president or other officer – if directors or officers have not been van incorporator – if in the hands of a receiver, trustee, or other court iduciary by that fiduciary)	
DO	MINGO MONTES	
	(Typed or printed name of person signing)	
PR	ESIDENT	
	(Title of person signing)	<u> </u>