## PEDDOSTI

(Red	questor's Name)	-
(Add	dress)	
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(City	y/State/Zip/Phone	e #)
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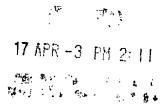
R. WHITE

## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPO	RATION: NY KING PIZZA	INC	
	BER: P15000035471		
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:	
	EDUARDO MADRONA		
	, ,	Name of Contact Person	1
	N Y KING PIZZA INC		
•		Firm/ Company	
	24169 US HWY 27		
		Address	
	LAKE WALES, FL 33859		
		City/ State and Zip Cod	e
EDU	MADRO@GMAIL.COM		
	E-mail address: (to be us	ed for future annual report	notification)
For further information	on concerning this matter, pleas	e call;	
EDUARDO MADRO	DNA	at ( <sup>407</sup>	de & Daytime Telephone Number
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made p	payable to the Florida Depa	ertment 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)
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 lahassee, FL 32314	Amend Divisio Cliston 2661 E	Address thent Section the of Corporations Building xecutive Center Circle tassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



N Y KING PIZZA INC

None	f Comparation as a surrountly f	iled with the Florida Dept. of State)
P15000035471	or Corporation as currently i	ned with the Florida Dept. of State)
113000000	(Document Number of C	orporation (if known)
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this Flo	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new na	me of the corporation:	
		The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "Co	"company," or "incorporated" or the abbreviation ". A professional corporation name must contain the 4."
B. Enter new principal office address. (Principal office address <u>MUST BE A S</u>		
		N AP
C. Enter new mailing address, if appl	cable:	
(Mailing address <u>MAY BE A POST</u>	OFFICE BOX)	A CONTRACTOR OF THE PROPERTY O
D. If amending the registered agent an new registered agent and/or the new	d/or registered office addres v registered office address;	s in Florida, enter the name of the
Name of New Registered Agent	EDUARDO MADRONA	
<u>Name of New Registerea Agent</u>	600 SPRING OAK CIR	
	(Florida street	address)
New Registered Office Address:	ORLANDO	, Florida 32828
	(C	iv) (Zip Code)
New Registered Agent's Signature, if c	hanging Registered Agent: tered agent. I am familiar wit	h and accept the obligations of the position.
The say were provided approximation and region		
4		
	Signatury of Now Ray	istered Avent, 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 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 us an Add.

Example: X Change	PT	John Doc	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	PT	EDUARDO MADRONA	600 SPRING OAK CIR
X Add			ORLANDO FL 32828
Remove			
2) X Change	VP	CARLOS OLIVEIRA	600 SPRING OAK CIR
Add		•	ORLANDO FL 32828
Remove			
3) Change	<del></del>		
Add			
Remove			
4) Change	***************		
Add			,
Remove			
5) Change			
Add		•	
Remove			
6)Change			**************************************
Add			
Remove			

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
If an amendment provides for an exchiprovisions for implementing the amer (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:

The date of each amendment(s) add this document was signed.	ioption:, it other than the
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this bedocument's effective date on the De	plock does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.
	proved by the shareholders through voting groups. The following statement 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 add action was not required.	opted by the board of directors without shareholder action and shareholder
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder
03/30/2017 Dated	an Mun Co
selecte	lirector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)
	CARLOS OLIVEIRA
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)