PISODODY951

| (Requestor's Name) |
|-----------------------------------------|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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COVER LETTER

| TO: Amendment Section Division of Corporations | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| NAME OF CORPORATION: DOUGH BOYZ DIZZERIA MC DOCUMENT NUMBER: P 1 800000 4957 | | | |
| The enclosed Articles of Amendment and fee are submitted for filing. | | | |
| Please return all correspondence concerning this matter to the following: | | | |
| Dough boy 7 Pizzeria, Inc. Pirm Company 9 S MALOUNY ST Address Address City/ State and Zip Code City/ State and Zip Code E-mail address: (To be used for future annual report notification) | | | |
| For further information concerning this matter, please call: | | | |
| Maine of Contact Person at (954) 5760 - 357/ Area Code & Daytime Telephone Number | | | |
| Enclosed is a check for the following amount made payable to the Florida Department of State: | | | |
| S35 Filing Fee Certificate of Status (Additional copy is enclosed) Certificate of Status Certified Copy (Additional Copy is enclosed) | | | |
| Mailing Address Street Address | | | |

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

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

Articles of Amendment to Articles of Incorporation of

FILED

2018 SEP 10 AM 11: 28

| (Name of Corporation | on as currently filed with the Florida Dept. of State) OF STATE |
|---------------------------------------------------------|-----------------------------------------------------------------------------------------|
| 1 Youah bouz Dis | 17-Price In CALLAHASSEE.FL |
| Docum | nent Number of Corporation (if known) |
| Burguent to the provisions of carties 607 1006. Florida | A Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to |
| its Articles of Incorporation: | T Statutes, this Ptortua Proju Corporation adopts the following afficiential (\$7) (|
| A. If amending name, enter the new name of the co | a-maration. |
| A. It amending name, enter the new name of the co | rporation. |
| | d "corporation," "company," or "incorporated" or the abbreviation |
| | ." "Inc," or "Co". A professional corporation name must contain the |
| B. Enter new principal office address, if applicable | :: |
| (Principal office address MUST BE A STREET ADD | |
| | |
| | |
| C. Enter new mailing address, if applicable: | |
| (Mailing address MAY BE A POST OFFICE BO. | <u>X</u>) |
| | |
| | |
| | |
| D. If amending the registered agent and/or register | |
| new registered agent and/or the new registered | office address: |
| Name of New Registered Agent | |
| | |
| | (Florida street address) |
| New Registered Office Address: | , Florida |
| | (City) (Zip Code) |
| | |
| | |
| New Registered Agent's Signature, if changing Reg | vistered Agent: I am familiar with and accept the obligations of the position. |
| послучинения принисти из пединени изет. | r war farming than and develop the bringations of the position. |
| | |
| | |
| Sign | ature 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 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.

| Francisco V da Remove. | , ana Sau | y smun, sv as an Aaa. | |
|-------------------------------|--------------|-----------------------|-------------------------------------|
| 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> | Address |
| 1) Change | <u>VP</u> | VINCENT L. GALASSC | 13 Ash ST |
| Add | | | Subastian Fi. 32958 |
| 2) Change | VΡ | Michael A. Rizzo | 742 Hall Ave Subastian Fr. 32958 |
| Remove 3) Change | Ü) | Michael A. Rizzo | 742 Hall Ave |
| Add Remove | | | |
| 4) Change Add | S | William J. Rizzo | 742 Hall Ave Slbashan Fl 32958 |
| Remove | | | |
| 5) Change | | | |
| Add Remove | | | |
| Kemove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| Attach additional sheets, if necessary). | (Be specific) | |
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| f an amendment provides for an exch | hange, reclassification, or cancellation of issued shares, | |
| provisions for implementing the ame | endment if not contained in the amendment itself: | |
| (if not applicable indicate N/4) | | |
| (if not applicable, indicate N/A) | | |
| (if not applicable, indicate N/A) | | |
| (if not applicable, indicate N/A) | | |
| (if not applicable, indicate N/A) | | |
| (if not applicable, indicate N/A) | | |
| (if not applicable, indicate N/A) | | |
| (if not applicable, indicate N/A) | | |
| (if not applicable, indicate N/A) | | |
| (if not applicable, indicate N/A) | | |

| The date of each amendment(s) adoption: | , if other than the |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|
| date this document was signed. | |
| Effective date <u>if applicable</u> : | |
| (no more than 90 days after amendment file | e date) |
| Note: If the date inserted in this block does not meet the applicable statutory filing requir document's effective date on the Department of State's records. | ements, this date will not be listed as the |
| Adoption of Amendment(s) (<u>CHECK ONE</u>) | |
| ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the by the shareholders was/were sufficient for approval. | ne amendment(s) |
| ☐ The amendment(s) was/were approved by the shareholders through voting groups. The formust be separately provided for each voting group entitled to vote separately on the ame | |
| "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 action was not required. The amendment(s) was/were adopted by the incorporators without shareholder action and action was not required. | |
| Dated 9/5/18 Signature Chous M. Rozan | |
| Signature M. P. R. Gircula (By a director, president or other officer of directors or officers | |
| (By a director, president or other officer of directors or officers selected, by an incorporator – if in the hands of a receiver, truste appointed fiduciary by that fiduciary) | have not been e, or other court |
| Thomas M. Perry (Typed or printed name of person signing) | |
| | |
| President (Title of person signing) | |
| (Title of person signing) | |

TRANSMITTAL LETTER

| TO: Amendment Section Division of Corporations |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SUBJECT: DOUGHBOYZ PIZZERIA, INC. (Name of Corporation) |
| DOCUMENT NUMBER: P18000004951 |
| The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filir |
| Please return all correspondence concerning this matter to the following: |
| Thomas M. Perry |
| (Name of Person) |
| Doughboyz Pizzeria Inc (Name of Firm/Company) |
| 9 S Mulberry St. |
| (Address) |
| Fellsmere, FL 32948 |
| (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| Thomas M. Perry (Name of Person) at (954) 560-3571 (Area Code & Daytime Telephone Number) |
| Enclosed is a check for \$35.00 made payable to the Florida Department of State. |
| Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 63272661 Executive Center CircleTallahassee, FL 32314Tallahassee, FL 32301 |