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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: PC USA FRANCE	HISE CORP			
DOCUMENT NUMB	ER: P18000033542	·	· · · · · · · · · · · · · · · · · · ·		
	of Amendment and fee are su	bmitted for filing.			
Please return all corresp	pondence concerning this ma	tter to the following:			
	ALBERTO RIVERA RAMO	os			
-	Name of Contact Person				
	PC USA FRANCHISE COR	P			
-		Firm/ Company			
,	4824 LAKES EDGE LN				
-		Address			
	KISSIMMEE, FL 34744				
-		City/ State and Zip Cod	e		
PIZZA	AACONEUSA@GMAIL.CO	M			
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	concerning this matter, pleas	se call:			
ALBERTO RIVERA RAMOS		at (407	780-3190		
Name o	f Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for	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)		
Ame Divis P.O.	ing Address ndment Section sion of Corporations Box 6327 hassee, FL 32314	Ameno Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle		

Tallahassee, FL 32301

FILED

Articles of Amendment to Articles of Incorporation of

18 APR 19 AH 8: 39

SECRETALINE OF STATE TALLAHARUM FLORIDA

_, Florida

(Zip Code)

(Name of Corporation as currently filed with the Florida Dept. of State) P18000033542 (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: PCONE USA FRANCHISE INC 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." N/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: N/A (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

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

PC USA FRANCHISE CORP

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

(Florida street address)

(City)

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.

Example: X Change	<u>PT</u>	John Do	<u>e</u>	
X Remove	<u>v</u>	Mike Jo	n <u>es</u>	
X Add	<u>sv</u>	Sally Sm	nith_	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change				
Add		_		
Remove				
3) Change				
	-	_		
Add				
Remove				
4) Change		_	***************************************	
Add				
Remove				
5) Change		_		·- ·-
Add				
Remove				
6) Change				
Add	-	-		
Aud				

amending or adding additional Arti ttach additional sheets, if necessary).	(Be specific)
an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
orovisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:

	4-16-2018	
The date of each amendment(s)	adoption:	, if other than the
date this document was signed.	17,0010	
4 Effective date <u>if applicable</u> :	-16-2018	
<u>n appireuse</u> .	(no more than 90 days after amendment file date)	
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements, this date v Department of State's records.	vill not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes of	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
4-16-20 Dated	Matil	
(By sele	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary)	
	ALBERTO RIVERA RAMOS	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	