## P20 000059051

(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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VOID

Amendment removed, filed in error,

SPT 11-25-20

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## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION:inc	321 Go Pizza	Inc.		
DOCUMENT NUM	BER: P20000059051	. <u> </u>			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
	Josh Varsen				
	Name of Contact Person				
	321 Go Pizza, LLC				
	Firm/ Company				
	272 Highway A1A				
	Address				
	Satellite Beach, FL 32937				
		City/ State and Zip Code			
	josh@321gopizza.com				
		sed for future annual report	notification)		
For further information	n concerning this matter, pleas	se call:			
Josh Varsen		at (	705-8183		
Name of Contact Person			de & Daytime Telephone Number		
Enclosed is a check for	or the following amount made	payable to the Florida Depa	riment of State		
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Division The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee I. Monroe Street, Suite 810 ssee, FL 32303		

## **Articles of Amendment** to Articles of Incorporation of

		of State)
20000059051		
(Document Number of	of Corporation (if known)	
ursuant to the provisions of section 607.1006, Florida Statutes, this s Articles of Incorporation:	Florida Profit Corporation add	opts the following amendment(s
. If amending name, enter the new name of the corporation:		
		The new
ume must be distinguishable and contain the word "corporation," " Inc.," or Co.," or the designation "Corp," "Inc," or "Co". , chartered," "professional association," or the abbreviation "P.A.	A professional corporation na	
Enter new principal office address, if applicable:	n/a	
Principal office address MUST BE A STREET ADDRESS )		
		<u> </u>
Puter non-mailing address if annihilation		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	n/a	
*		. 0
. If amending the registered agent and/or registered office add	ress in Florida, enter the nam	e of the
new registered agent and/or the new registered office address		
Name of New Registered Agent		
	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
t Florida st	reet address)	
New Registered Office Address:	(City)	Florida(Zip Code)
	(City)	(Σιρ Coue)
ew Registered Agent's Signature, if changing Registered Agent	<u>!:</u>	
hereby accept the appointment as registered agent. I am familiar	with and accept the obligations	of the position.
Signature of Mone E	Registered Agent, if changing	
Signature of New K	суметси пусні, ў спинуту	

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, an 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>c</u>	
X Remove	$\underline{\mathbf{V}}$	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	Address
1) Change		_		
Add				
Remove				
2) Change		_	<del></del>	
Add				
Remove Change	#			
Add				
Remove				
4) Change	_			
Add				
Кепюус				
51 Change		_		
Add				
Kemove				
6) Change		_		
Add				
Remove				

Attach additional sheets, if neces:	ssary). (Be specific)
	· · · · · · · · · · · · · · · · · · ·
	Add FEI Number
	Add FET Number 85-1989160
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	an exchange, reclassification, or cancellation of issued snare- the amendment if not contained in the amendment itself;
(if not applicable, indicate N	N/A))

The date of each amendment(s tate this document was signed.	) adoption:	, if other than t
rate this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file o	iare,
	mo mare situa so daga dires amenament me e	
Note: If the date inserted in thi locument's effective date on the	s block does not meet the applicable statutory filing required Department of State's records.	ments, this date will not be listed as t
Adoption of Amendment(s)	(CHECK ON:	
The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without sha	areholder action and shareholder
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes east for the sufficient for approval.	e amendment(s)
	approved by the shareholders through voting groups. The foll for each voting group entitled to vote separately on the amend	•
"The number of votes c	ast for the amendment(s) was/were sufficient for approval	
ny	(voting group)	
	(voting group)	
<b>10/18</b> /20 Dated	20	
	1 / /	
Signature	Man	
s <i>f</i> lg	director, president or other officer – if directors or officers in ted, by an incorporator – if in the hands of a receiver, trustee, onted tiduciary by that fiduciary)	
	Josh Varsen	
	(Typed or printed name of person signing)	
	Owner	
	(Title of person signing)	