

P21 0000003791

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

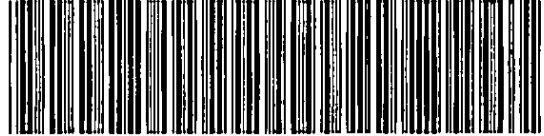
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

524-1092-707-



000391835870

08/08/22--01035--030 \*\*35.00

FILED

2022 DEC 16 AM 7:24

SECRETARY OF STATE  
TALLAHASSEE, FL

cf 12/21/2022

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Bronx House Flagler Pizza Corp

DOCUMENT NUMBER: P21000003791

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jim Bradshaw  
Name of Contact Person  
Storehouse Treasures LLC  
Firm/ Company  
250 Palm Coast PKWY NE, 607-104  
Address  
Palm Coast, FL 32137  
City/ State and Zip Code  
jbradshaw@storeht.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jim Bradshaw at ( 386 ) 283-0987  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |   |  |   |  |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>is enclosed) |
|---|--|---|--|

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

**Street Address**  
Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

2022 DEC 15 AM 10:04

1108



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 2, 2022

JIM BRADSHAW  
250 PALM COAST PARKWAY NE 607-104  
PALM COAST, FL 32137

SUBJECT: BRONX HOUSE FLAGLER PIZZA CORP  
Ref. Number: P21000003791

We have received your document for BRONX HOUSE FLAGLER PIZZA CORP and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

The complete document was not received; pages 1, 3 and 4 are missing.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden  
Regulatory Specialist II

Letter Number: 122A00026712

Articles of Amendment  
to  
Articles of Incorporation  
of

Bronx House Flagler Pizza Corp

FILED

2022 DEC 16 AM 7:24

(Name of Corporation as currently filed with the Florida Dept. of State)

SECRETARY OF STATE  
TALLAHASSEE, FL

(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 MUST BE A STREET ADDRESS)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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: \_\_\_\_\_, Florida \_\_\_\_\_  
(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

**Check if applicable**

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

**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                      PT      John Doe

X Remove                    V        Mike Jones

X Add                         SV      Sally Smith

| Type of Action<br>(Check One)           | Title    | Name                | Address                     |
|---|----------|---------------------|-----------------------------|
| 1) <input type="checkbox"/> Change      | <u>D</u> | <u>Bradley Beam</u> | <u>291 Beachway DR</u>      |
| <input checked="" type="checkbox"/> Add |          |                     | <u>Palm Coast, FL 32137</u> |
| <input type="checkbox"/> Remove         |          |                     |                             |
| 2) <input type="checkbox"/> Change      |          |                     |                             |
| <input type="checkbox"/> Add            |          |                     |                             |
| <input type="checkbox"/> Remove         |          |                     |                             |
| 3) <input type="checkbox"/> Change      |          |                     |                             |
| <input type="checkbox"/> Add            |          |                     |                             |
| <input type="checkbox"/> Remove         |          |                     |                             |
| 4) <input type="checkbox"/> Change      |          |                     |                             |
| <input type="checkbox"/> Add            |          |                     |                             |
| <input type="checkbox"/> Remove         |          |                     |                             |
| 5) <input type="checkbox"/> Change      |          |                     |                             |
| <input type="checkbox"/> Add            |          |                     |                             |
| <input type="checkbox"/> Remove         |          |                     |                             |
| 6) <input type="checkbox"/> Change      |          |                     |                             |
| <input type="checkbox"/> Add            |          |                     |                             |
| <input type="checkbox"/> Remove         |          |                     |                             |

**E. If amending or adding additional Articles, enter change(s) here:**

(Attach additional sheets, if necessary). (Be specific)

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no text or other markings on the paper.

**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:**

(if not applicable, indicate N/A)

---

---

---

---

---

---



August 8, 2022

The date of each amendment(s) adoption:  
date this document was signed

Effective date if applicable:

*no more than 90 days after amendment file date.*

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- ☒ The amendment(s) was/were adopted by the incorporator, or board of directors without shareholder action and no action was not required.
- ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for 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 groups.*

Dated August 8, 2022

Signature

*Michael Benni*

(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

Michael Benni

(Typed or printed name of person signing)

*President*

(Title of person signing)