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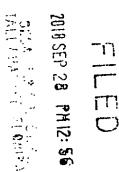
(Re	questor's Name)	
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I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORAT	10n: <u>568</u>	PIZZA CO	DRPORATION	
DOCUMENT NUMBER	:: P 93000	078466		
The enclosed Articles of A	Amendment and fee are sub	omitted for filing.		
Please return all correspor	dence concerning this mat	ter to the following:		
	DERM	Name of Contact Po	u N	
 -	SOB PIZ	ZA Coppo Firm/ Company	RATION	
_			UD STE 1	
			33411-8735	
For further information co	E-mail address: (to be use		port notification)	
	- ,		51 , 795-7657	
Name of C	ontact Person	Area	31_) <u>795-7657</u> Code & Daytime Telephone Number	
Enclosed is a check for the	e following amount made p	ayable to the Florida I	Department of State:	
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed)	& S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
	Address	Str	eet Address	
	nent Section	Amendment Section		
	of Corporations	Division of Corporations		
P.O. Bo Tallahas	x 6527 (see, FL 32314		fton Building H Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

of

SOB PIZZA COR	PORATION		
	filed with the Florida Dept. of State)		
P 930000 78	466		
(Document Number of C	* •		
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	lorida Profit Corporation adopts the following amendment(s) to		
A. If amending name, enter the new name of the corporation:	J/A The new		
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Coword "chartered," "professional association," or the abbreviation "P	" "company," or "incorporated" or the abbreviation o". A professional corporation name must contain the		
B. Enter new principal office address, if applicable:	11482 OKEECHOBEC BLUD STE 1		
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	ROYAL PALM BEACH, FL 33411		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	20 SEP 28		
D. If amending the registered agent and/or registered office address	ss in Florida, enter the name of the		
Name of New Registered Agent Name of New Registered Agent DFRMIT	BROWN		
207 STAR CLU (Florida stree	ASTER COURT		
New Registered Office Address: ROYAL PALM BI	FACH Florida 334// (Zip Code)		
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar win			
Signature of New Reg	zistered 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.

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)	Title	<u>Name</u>		Address
1) Change	P	DFRMOT	BROWN	207 STAR CHUSTER COURT
X_ Add				ROYAL PALM BEACH, FL33411
Remove				
2) Change				
Add				
Remove				<u></u>
3)Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		_		
Add				
Remove				

Be specific)				
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ge, reclassificat	tion, or cance	llation of issue	ed shares,	
ment il not coni	fained in the	<u>imendment ils</u>	<u>selt:</u>	
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	ge, reclassifica ment if not con	ge, reclassification, or cancel ment if not contained in the z	ge, reclassification, or cancellation of issument if not contained in the amendment it	ge, reclassification, or cancellation of issued shares, ment if not contained in the amendment itself:

The date of each amendment(s) adopti	on:	, if other than th
date this document was signed.	<i>i</i> 1	
Effective date if applicable:	9/14/18	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Departs	does not meet the applicable statutory filing requirements, this nent of State's records.	date will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted by the shareholders was/were sufficients.	by the shareholders. The number of votes cast for the amendment for approval.	nl(s)
	d by the shareholders through voting groups. The following states voting group entitled to vote separately on the amendment(s):	ement
"The number of votes cast for the	he amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adopted action was not required.	by the board of directors without shareholder action and shareho	older
action was not required.	by the incorporators without shareholder action and shareholder	
Dated9	2/14/18 Bee	
Signature_	Bee	
(By a directe selected, by	or, president or other officer – if directors or officers have not be an incorporator – if in the hands of a receiver, trustee, or other c duciary by that fiduciary)	
	OFRMOT BROWN (Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	