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MAY 1 5 2014 C. CARROTHERS

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORAT	TION: BIG JOHN'S PAS	STA, PIZZA & SUBS CO.	
DOCUMENT NUMBER	D09000027297		
The enclosed Articles of	Amendment and fee are s	ubmitted for filing.	
Please return all correspon	ndence concerning this ma	atter to the following:	
FR	ANK SIPOS		
		Name of Contact Perso	a
BIG	JOHN'S PIZZA PASTA	A & SUBS, CO.	
		Firm/ Company	
110	3 KEY PLAZA		
		Address	
KE	Y WEST, FL 33040		
		City/ State and Zip Cod	e
Sipos007	@msn.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information con	ncoming this matter, pleas		806.3545
	ontact Person	at (305	
Name of Co	omact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the	following amount made	payable to the Florida Depa	ertment of State:
\$35 Filing Fee	□\$43.75 Filing Fec & 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)
Division P.O. Box	ent Section of Corporations	Amend Division Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle

Articles of Amendment to Articles of Incorporation of

BIG JOHN'S PASTA, PIZZA & SUBS CO.

P98000037387	ttly filed with the Florida Dept, of State)	199-471	
		# (); ;= (↑)	
(Document Number	of Corporation (if known)	- 三二	
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	is Florida Profit Corporation adopts the follow	ving amendm	
A. If amending name, enter the new name of the corporation:)F \$1 . FL1	
BIG JOHN'S PIZZA PASTA & SUBS, CO.		, R. A.	
name must be distinguishable and contain the word "corporati "Corp" "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered." "professional association," or the abbreviation	"Co". A professional corporation name mus		
R. Enter new principal office address, if applicable:	1103 KEY PLAZA		
Principal office address <u>MUST BE A STREET ADDRESS</u>)	KEY WEST, FL 33040		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1103 KEY PLAZA		
	KEY WEST, FL 33040		
. If amending the registered agent and/or registered office address registered agent and/or the new registered office address	lress in Florida, enter the name of the		
. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address Name of New Registered Agent	lress in Florida, enter the name of the		
new registered agent and/or the new registered office address Name of New Registered Agent	lress in Florida, enter the name of the		
Name of New Registered Agent	bress in Florida, enter the name of the		

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)	<u>Title</u>	Name	Address
1) Change	_		
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
			•
5) Change			
Add			
Remove			
6)Change			
Add			
Remove			

ttech additional sheets, if	ditional Articles, enter of necessary). (Be specif	ic)		
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n amendment provides	for an exchange, reclas	sification, or cancellat	ion of issued shares.	
<u>ovisions for implementl</u>	ng the amendment if no	t contained in the am	endment itself:	
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The date of each amendment(s) ado	option:	, if other than the
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 blo document's effective date on the Department.	ock does not meet the applicable statutory filing requirements, this dartment of State's records.	ate will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopt by the shareholders was/were suffi	ted by the shareholders. The number of votes cast for the amendment icient for approval.	(S)
	oved by the shareholders through voting groups. The following statem ach voting group entitled to vote separately on the amendment(s):	ent
"The number of votes cast fo	r the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/were adopt action was not required.	ed by the board of directors without shareholder action and sharehold	er
☐ The amendment(s) was/were adopt action was not required.	ed by the incorporators without shareholder action and shareholder	
05/04/2015		
Dated		
Signature/		
(By a dire	ctor, president or other officer - if directors or officers have not been	
selected, b appointed	by an incorporator — if in the hands of a receiver, trustee, or other cour fiduciary by that fiduciary)	t
	RANK SIPOS	
	(Typed or printed name of person signing)	· · ·
PI	RESIDENT	
	(Title of person signing)	