

NA 600293713866

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17 JAN 20 PM 5:11  
OFFICE OF THE CLERK  
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JAN 23 2017  
R. WHITE



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 29, 2016

NICK SCRIMA  
2519 MCMULLEN BOOTH RD #511  
CLEARWATER, FL 33761

12281601006010

Subject:  
RE: 016A00027647

We have received your document for the above Fictitious Name and your check(s) totaling \$60.00; however, the document **has not been filed** and is being returned for the following:

THE INFORMATION IN SECTION 4 MUST BE FOR A FICTITIOUS NAME.

Should you have any questions regarding this matter you may contact our office at (850) 245-6058.

Cathy A Carrothers  
Reinstatement Section  
Division of Corporations

Letter No. 016A00027647

TO: Florida Department of State  
Division of Corporations  
Amendment Section  
PO Box 6327  
Tallahassee FL 32314

FROM: Nick Scrima  
Chinese Martial Arts  
2519 McMullen Booth Rd #511  
Clearwater FL 33761  
727-791-8207  
[nick.scrima@verizon.net](mailto:nick.scrima@verizon.net)

DATE: January 9, 2017

RE: Articles of Amendment to change name of a Florida Not for Profit Corporation.  
Document Number N96000000066  
FEI Number 59-3351826

Form attached to change the name of "Wu Gong Co." to "Friendship Through Martial Arts Corp."

Effective date January 1, 2017

Form was originally filed, with the \$60 name change fee, on December 23, 2016. The form submitted was the application for registration of a fictitious name (see attached). This was returned. A call to your office directed us to the Articles of Amendment form (see attached). We were told that the \$60 fee already paid would be credited toward the \$43.75 filing fee and certificate of status.

Thank you.

This is an  
Amendment  
Filing  
They have  
the wrong  
Thanks  
using previous fic #

RECEIVED  
17 JAN 13 PM 2:04  
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: WU GONG CO.

DOCUMENT NUMBER: N 96000000066

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

Please return all correspondence concerning this matter to the following:

NICK SCRIMA  
(Name of Contact Person)

CHINESE MARTIAL ARTS  
(Firm/ Company)

2519 Mc MULLEN BOOTH RD. #511  
(Address)

CLEARWATER FL 33761  
(City/ State and Zip Code)

NICK.SCRIMA@VERIZON.NET  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NICK SCRIMA at (927) 791-8207  
(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 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 is<br>Enclosed) |
|--|--|---|--|

**Mailing Address**

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

**Street Address**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Articles of Amendment  
to  
Articles of Incorporation  
of

17 JAN 20 PM 5:11

WU GONG CO.

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

N96000000066

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

FRIENDSHIP THROUGH MARTIAL ARTS CORP. The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name

**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

**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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<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			_____

[illegible]

The date of each amendment(s) adoption: 1-1-17, if other than the date this document was signed.

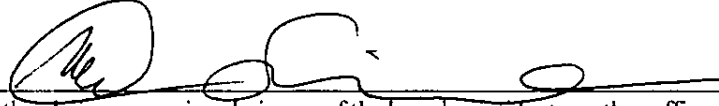
Effective date if applicable: 1-1-17  
(no more than 90 days after amendment file date)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as 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 members and the number of votes cast for the amendment(s) was/were sufficient for approval.
- ☒ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated 1-9-17

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

NICK SCRIMA  
(Typed or printed name of person signing)

PRESIDENT  
(Title of person signing)