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R. WHITE OCT 23 2018

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: North MI to South	Fl. Inc.			
DOCUMENT NUMB	ER: P06000104401				
	of Amendment and fee are su	bmitted for filing.			
Please return all corres	pondence concerning this man	tter to the following:			
	Sheila E. Hyde				
-		Name of Contact Persor	1		
	North MI to South FL, Inc.				
-		Firm/ Company			
	20550 Basin Drive				
-	Address				
	Estero, FL 33928				
-		City/ State and Zip Code	2		
sotatk	d@gmail.com				
<u></u>		sed for future annual report	notification)		
		•			
For further information	concerning this matter, pleas	se call:			
Sheila E. Hyde		at (²³⁹	273-2939 de & Daytime Telephone Number		
Name o	f Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for the following amount made payable to the Florida Department of State:					
\$35 Filing Fee	□\$43.75 Filing Fee & 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)		
Ame Divis P.O.	ing Address Indment Section Indicate the section of Corporations Indicate the section of	Amend Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

PRIBACT IS AND

		2010 OCT 12 AM ID: 22	
(Name o	of Corporation as curren	tly filed with the Florida Dept. of State)	
P06000104401	(Name of Corporation as currently filed with the Florida Dept. of State) TALLAHASSEE, FL		
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this	s Florida Profit Corporation adopts the following amendment(s) t	
A. If amending name, enter the new na	ime of the corporation:		
State of the Art Taekwondo, Inc.		The new	
	nation "Corp," "Inc," or	ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the "P.A."	
B. Enter new principal office address,	if annlicable:	20550 Basin Drive	
(Principal office address MUST BE A S		Estero, FL 33928	
C. Enter new mailing address, if applie (Mailing address MAY BE A POST)		20550 Basin Drive	
		Estero, FL 33928	
D If amending the registered agent an		dress in Florida, enter the name of the	
		ee+	
new registered agent and/or the nev	w registered office addres	<u>35.</u>	
	w registered office addres		
new registered agent and/or the nev			
new registered agent and/or the nev	n/a 20550 Basin Drive	street address)	
new registered agent and/or the nev	n/a 20550 Basin Drive		

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	<u>PT</u>	John Doe	
X Remove	$\underline{\mathbf{v}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change		n/a	
Add			
Remove			
2) Change		n/a	
Add			
Remove			
3) Change		n/a 	
Add			
Remove			
4) Change		n/a 	
Add			
Remove			
5)Change		n/a	
Add			
Remove			
6) Change		n/a	
Add			
Remove			

. If amending or adding additional Arti (Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
/a	
<u> </u>	
If an amandment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
74	

The date of each amendment(s) addate this document was signed.	loption:	, if other than th
-		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	lock does not meet the applicable statutory filing requirements, this date w partment of State's records.	ill not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.	
	roved by the shareholders through voting groups. The following statement 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 group)	
	(voting group)	
☐ The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
10/8/2018 Dated		
Signature	heila . Hyds irector, president or other officer – if directors or officers have not been	
selecte	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)	
	Sheila E. Hyde	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	