P08000075892

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EXAMINER

COVER LETTER

TO:

P.O. Box 6327

Tallahassee, FL 32314

Amendment Section

Division of Corporations SUBJECT: S & MARTIAL ARTS, INC (Name of Corporation) P08000075892 **DOCUMENT NUMBER:** The enclosed Articles of Correction and fee are submitted for filing. Please return all correspondence concerning this matter to the following: MASOUD EMANI (Name of Contact Person) S & MARTIAL ARTS, INC (Firm/Company) 901 CAVANAUGH DRIVE (Address) JACKSONVILLE, FL 32259 (City/State and Zip Code) For further information concerning this matter, please call: MASOUD EMANI (Name of Contact Person) Enclosed is a check for the following amount: **✓** \$35.00 Filing Fee \$43.75 Filing Fee & Certificate of Status \$52.50 Filing Fee, Certificate of Status & Certified Copy \$43.75 Filing Fee & Certified Copy **Mailing Address: Street Address:** Amendment Section Amendment Section Division of Corporations Division of Corporations

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 7, 2008

MASOUD EMANI S & M MARTIAL ARTS, INC 901 CAVANAUGH DR JACKSONVILLE, FL 32259

JEE ATTACHED

SUBJECT: S & M MARTIAL ARTS, INC

Ref. Number: P08000075892

We have received your document for S & M MARTIAL ARTS, INC and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Articles of Correction must be filed within 30 days of the file date of the document that is being corrected. As the time period for filing Articles of Correction has expired, an amendment to the articles of incorporation could be filed at this time.

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) 245-6903.

Cheryl Coulliette Regulatory Specialist II

Letter Number: 208A00052947

STERNARY OF STATE
AUTOMOTE FLORIDA

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AND DESIGNATION OF THE PARTY OF

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: S&M	MARTIAL ARTS, INC
DOCUMENT NUMBER: P080000)75892
The enclosed Articles of Amendment and	fee are submitted for filing.
Please return all correspondence concernir	ng this matter to the following:
	MASOUD EMANI
1)	lame of Contact Person)
	S & M MARTIAL ARTS, INC
	(Firm/ Company)
9	01 CAVANAUGH DRIVE
	(Address)
	ACKSONVILLE, FL 32259
For further information concerning this ma	City/ State and Zip Code)
	mer, prease can.
MASOUD EMANI	at ()(Area Code & Daytime Telephone Number)
(Name of Contact Person)	
Enclosed is a check for the following amor	unt made payable to the Florida Department of State:
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & S2.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) Certified Copy (Additional Copy is 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

	TIAL ARTS, INC	<u> </u>
(Name of Corporation as current	ly filed with the Florida Dept. of St	<u>ate</u>)
P0800	0075892	
(Document Numbe	r of Corporation (if known)	
Pursuant to the provisions of section 607.1006, following amendment(s) to its Articles of Incorpor		Corporation adopts the
A. If amending name, enter the new name of th	e corporation:	
The new name must be distinguishable and "incorporated" or the abbreviation "Corp.," "It "Co". A professional corporation name association," or the abbreviation "P.A."	nc.," or Co.," or the designation	"Corp," "Inc," or
B. Enter new principal office address, if applica	able:	
(Principal office address <u>MUST BE A STREET A</u>	<u>ADDRESS</u>)	80 V
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) D. If amending the registered agent and/or reginew registered agent and/or the new registered Mame of New Registered Agent:	istered office address in Florida, en	08 OCT 29 PM 3: 08 ter the name of the
New Registered Office Address:	(Florida street address)	_
	(City)	, Florida (Zip Code)
	(0.13)	(mp cone)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered as position.		pt the obligations of the
Sign	nature of New Registered Agent, if cha	anging

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
<u>VP</u>	ALIPOUR SATTAR	11038 CASTLEMAIN CIRCLE JACKSONVILLE, FL 32256	
<u>VP</u>	SATTAR ALIPOUR	11038 CASTLEMAIN CIRCLE JACKSONVILLE, FL 32256	Fa ☑ Add ■ □ Remove
			_ 🗖 Add _ 🗖 Remove
	nding or adding additional Articles additional sheets, if necessary). (B		
provi		ge, reclassification, or cancellation of in ment if not contained in the amendment	

The date of each amendment(s) adoption: 10-23-08
Effective date if applicable:
(no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
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 group)
(voting group)
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated 10/23/08
Signature Arlest Dollach
(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)
ROBERT ROTHFELD
(Typed or printed name of person signing)
FIDUCIARY
(Title of person signing)