P18000002298

(Re	questor's Name)	
(Ad	dress)	,
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(Do	ocument Number)	
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Manual Chapters

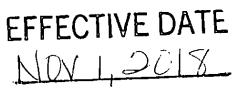
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: KEIKO SHIN KA	RATE ACADEMY RIVER	RVIEW CORP			
DOCUMENT NUM	P18000002208					
The enclosed Articles	of Amendment and fee are su	bmitted for filing.				
Please return all corre	spondence concerning this ma	tter to the following:				
	RAFAEL A OLIVER					
		Name of Contact Person	n			
	OLIVER MARTIAL ARTS ACADEMY RIVERVIEW CORP					
	Firm/ Company					
	6903 GREEN HERON DR					
		Address				
	WESLEY CHAPEL FL. 33545					
		City/ State and Zip Cod	e			
JOS	E@ACCOUNTINGWORKSH	IOP.COM				
		sed for future annual report	notification)			
For further informatic	on concerning this matter, pleas	se call: at (810-2549			
Name	of Contact Person	at (Area Co) de & Daytime Telephone Number			
	or the following amount made		·			
□ \$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)			
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



KEIKO SHIN KARATE ACADEMY RIVERVIEW, CORP

(Name of Corporation	as currently filed with the Florida Dept. of State)
P18000002298	
(Docume	nt Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Sits Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corp	poration:
OLIVER MARTIAL ARTS ACADEMY RIVERVIEW	CORP The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the al	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR	<u>MESS</u>)
	201
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
(maning duaress <u>BIAT BE A POST OFFICE BOX</u>	
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	d office address in Florida, enter the name of the
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Regis	tered Agent:
I hereby accept the appointment as registered agent. I d	am familiar with and accept the obligations of the position.
Signat	ure 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 <math>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 Do	<u>e</u>	
\underline{X} Remove	<u>v</u>	Mike Jos	nes	
X Add	<u>sv</u>	Sally Sm	<u>iith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change				
Add				
Remove				
3) Change		_	,	
Add				
Remove				
4) Change				
Add				
Rud				
5) Change	_	_		
Add				
Remove				
6) Change				
Add		_		
Remove				

If amending or adding additional Ar (Attach additional sheets, if necessary)	(Be specific)	<u>-</u>		
				· · · · · · · · · · · · · · · · · · ·
		· · · · · · · · · · · · · · · · · · ·		<u>,</u>
-				
				
	<u> </u>			
If an amendment provides for an exc provisions for implementing the am	hange, reclassification	n, or cancellation of ned in the amendme	issued shares, nt itself:	
(if not applicable, indicate N/A)				
				
,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				

The date of each amendment	10/24/2018	, if other than the
date this document was signed		If other than the
_	11/01/2018	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this dathe Department of State's records.	ate will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/we by the shareholders was/w	re adopted by the shareholders. The number of votes east for the amendment(ere sufficient for approval.	s)
	re approved by the shareholders through voting groups. The following statemed for each voting group entitled to vote separately on the amendment(s):	ent
	s cast for the amendment(s) was/were sufficient for approval	
bv	(voting group)	
•	(voting group)	
action was not required. The amendment(s) was/we	re adopted by the board of directors without shareholder action and shareholder action and shareholder adopted by the incorporators without shareholder action and shareholder	er
action was not required.		
10/24 Dated	/2018	
_ 	3	
Signature		
(F	By a director, president or other officer — If directors or officers have not been elected, by an incorporator — if in the hands of a receiver, trustee, or other couppointed fiduciary by that fiduciary)	
	RAFAEL A OLIVER	
	(Typed or printed name of person signing)	
	PRESIDENT & DIRECTOR	
	(Title of person signing)	