P19000018214

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
L				

Office Use Only



700371337937

08/09/21--01040--017 **43.75

2021 AUG -9 PH 12: 51

A. Buit

COVER LETTER

I .

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION:Hanma Eternal, Inc	:.				
	1BER: P19000018214					
	es of Amendment and fee are su	bmitted for filing.				
Please return all corr	respondence concerning this ma	tter to the following:				
	Joseph D. Miller, Jr., CPA					
		Name of Contact Person	n			
	Cross M. Business Solutions. Inc.					
	Firm/ Company					
	125 Tower Street					
	<u> </u>	Address				
	Lake Placid, FL 33852					
		City/ State and Zip Cod	e			
	joey@josephmillercpa.com					
		ed for future annual report	notification)			
For further informati	ion concerning this matter, pleas		<u>261-9934</u>			
Name of Contact Person		at { Area Co) 261-9934 de & Daytime Telephone Number			
Enclosed is a check	for the following amount made					
□ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	■\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810				

Tallahassee, Fl. 32303

Articles of Amendment to Articles of Incorporation of

FILED

Hanma Eternal, Inc.			2021 AUG -9 PM 12: 51
(Name o	f Corporation as currently	filed with the Florida	
P19000018214			SECRETARY OF STATE
	(Document Number of	Corporation (if known)	· · · · · · · · · · · · · · · · · · ·
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this F	Iorida Profit Corporat	ion adopts the following amendment(s) to
A. If amending name, enter the new na	me of the corporation:		
Hidden Swamp Martial Arts, Inc.			The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	orp," "Inc," or "Co". A		ated" or the abbreviation "Corp.,"
B. Enter new principal office address, (Principal office address MUST BE A ST			
 C. Enter new mailing address, if applied (Mailing address MAY BE A POST Control of the Post of the Po	<i>OFFICE BOX)</i> d/or registered office addr		ne name of the
Name of New Registered Agent	Cross M Business Solution		
Admic to the registered rigen	125 Tower Street		
	(Florida stre	et address)	
Name Brooks and Clifford Advance	Lake Placid	-	Florida 33852
New Registered Office Address:		City)	Zip Code)
New Registered Agent's Signature, if cl I hereby accept the appointment as registe	nanging Registered Agent: ered agent. I am familiar w D MM Signature of New Re	_	

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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	17	John Do	<u>e</u>	
X Remove	<u>v</u>	Mike Jos	nes	
X Add	<u>\$V</u>	Sally Sm	<u>nith</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				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

Attach addi	g or adding add itional sheets, if	necessary).	(Be specific)				
						· 	· · ·
	<u> </u>					·	
				.			
		 		. <u> </u>		<u>-</u>	
·							
					·		
		- ·					
f an ameno	dment provides	s for an excha	nge, reclassific	eation, or cance	<u>llation of issue</u>	d shares,	
provisions (if not	for implement applicable, indi	ing the ameno icate N/A)	dment if not co	ontained in the	<u>amendment its</u>	<u>elf:</u>	
ζ,	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,					
							
** ***					- · ·	······	
				· · · · · · · · · · · · · · · · · · ·	_		
	··						

.

	adoption:	if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the E	block does not meet the applicable statutory filing requirement department of State's records.	s, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ac action was not required.	lopted by the incorporators, or board of directors without shareho	older action and shareholder
The amendment(s) was/were ac by the shareholders was/were s	dopted by the shareholders. The number of votes cast for the amsufficient for approval.	endment(s)
	proved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendmen	
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
Dated	18/21	
Signature		
(By a select	director, president or other officer – if directors or officers have ed, by an incorporator – if in the hands of a receiver, trustee, or onted fiduciary by that fiduciary)	
	Nick Frank	
	(Typed or printed name of person signing)	
	Owner, President, Director	
	(Title of person signing)	