P19000018214

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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31			

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EP 15 MH 11:55

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Hidden Swamp Ma	artial Arts Inc				
	BER: P19000018214					
The enclosed Articles	s of Amendment and fee are su	bmitted for filing.				
Please return all corre	espondence concerning this ma	tter to the following:				
	Steve A. McKown, CPA					
		Name of Contact Person	11			
	Cross M Business Solutions Inc					
	·····	Firm/ Company				
	154 N Bridge St					
		Address				
	LaBelle, FL 33935					
		City/ State and Zip Cod	e			
	steve@cpamckown.com					
	•	sed for future annual report	notification)			
For further information	on concerning this matter, plea		599-0868			
Name of Contact Person		Area Co) 599-0868 de & Daytime Telephone Number			
Enclosed is a check t	or the following amount made	payable to the Florida Dep	artment of State:			
S35 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		Ameno Divisio The C	Address Iment Section on of Corporations entre of Tallahassee			
Tallahassee, FL 32314		2415 N. Monroe Street. Suite 810				

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of



Hidden Swamp Martial Arts Inc

2022 SEP 15 AK 11:55

(Name of Corporation as current)	v filed with the Florida Dept. of State)
P19000018214	Militaria contra los
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this a lits Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new name of the corporation:	
Destroy All Toys, Inc.	The new
name must be distinguishable and contain the word "corporation," "c "lnc,," or Co,," or the designation "Corp," "lnc," or "Co". A "chartered," "professional association," or the abbreviation "P.A" B. Enter new principal office address, if applicable:	company," or "incorporated" or the abbreviation "Corp.," professional corporation name must contain the word
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BON) D. If amending the registered agent and/or registered office address registered agent and/or the new registered office address:	
Name of New Registered Agent	1A
(Florida stre New Registered Office Address:	eet 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 w	
Signature of New Re	egistered Agent, if changing
Chack 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.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name /a	Address
1) Change		_ N/x	
Add		<u> </u>	
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

ttach additional sheets, if nece:	ial Articles, enter change(s) here: isary). (Be specific) N/A	
		.
		
		
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	J	
in amendment provides for	an exchange, reclassification, or cancellation of issued shares,	
rovisions for implementing t (if not applicable, indicate	he amendment if not contained in the amendment itself: N/A)	
	N/A	
		

The date of each amendment(s) adoption:	, if other than the
Effective date if applicable:	
(no more than 90 days after amendment file da	nte)
Note: If the date inserted in this block does not meet the applicable statutory filing requirem document's effective date on the Department of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shar action was not required.	eholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the a by the shareholders was/were sufficient for approval.	amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The follow must be separately provided for each voting group entitled to vote separately on the amenda	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
08/08/2022 Dated	
(By a director, president or other officer – if directors or officers have selected, by an incorporator – if in the hands of a receiver, trustee, cappointed fiduciary by that fiduciary)	
Nick N. Frank	
(Typed or printed name of person signing)	<u> </u>
President	

(Title of person signing)