P97000055210

(Re	equestor's Name)	
(Ad	idress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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FLORIDA DEPARTMENT OF STATE Division of Corporations

March 19, 2018

CHRISTOPHER J MALCH ALTAMONTE AMERICAN KARATE ACADEMY, INC 1005 SUNSHINE LANE #1001 ALTAMONTE SPRINGS, FL 32714

SUBJECT: ALTAMONTE AMERICAN KARATE ACADEMY, INC.

Ref. Number: P97000055210

We have received your document for ALTAMONTE AMERICAN KARATE ACADEMY, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name and title of the person signing the document must be noted beneath or opposite the signature.

If the corporation is a **PROFIT** corporation it must be signed 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.

If the corporation is a <u>NOT FOR PROFIT</u> corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

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) 245-6050.

Shelia H Young Regulatory Specialist II

Letter Number: 218A00005513

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COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF CORPORATION:	ALTAMONTE	AMERICAN KARATE	ACADEMY INC.	
DOCUMENT NUMBER:	Dano 060 55210			
The enclosed Articles of Amend	ment and fee are sul	omitted for filing.		
Please return all correspondence	concerning this mat	ter to the following:		
	С	HKISTOPHER J MA	flch	
	CHKISTOPHER J MALCH Name of Contact Person			
ALTAMONTE		HHERICAN KALATE ACADEMY INC.		
	Firm/ Company			
	1005 SUNS	HINE LANE, #1	001	
	Address			
ALTAMONTE SPRINGS, FL 32714			2714	
		City/ State and Zip Code	;	
	altamonte Ker	ate @ queil. com		
E-ma	uil address: (to be us	ed for future annual report	notification)	
For further information concerni	ng this matter, pleas	e call:		
Kune 1 1	Huma tr. MAA		421 141	
T PAREN A P	TURNEY CPA	at (<u>407</u>	234-6016 de & Daytime Telephone Number	
Name of Contact	Person	Area Co	le & Daytime Telephone Number	
Enclosed is a check for the follow	wing amount made p	payable to the Florida Depa	rtment of State:	
\$35 Filing Fee	3.75 Filing Fee & rtificate 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 Addr Amendment So Division of Co P.O. Box 6327 Tallahassee, F	ection orporations	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301	

Articles of Amendment to Articles of Incorporation

ALTAMONTZ AMERICAN KARATE ACADEMY INC.

(Name of Cor	oration as currently filed with the Florida Dept, of State)
	P970000 55210
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, its Articles of Incorporation:	Florida Statutes, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of	the corporation:
name must be distinguishable and contain th "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,"	The new e word "corporation," "company," or "incorporated" or the abbreviation "Corp," "Inc," or "Co". A professional corporation name must contain the or the abbreviation "P.A."
B. <u>Enter new principal office address, if app</u> (Principal office address <u>MUST BE A STREE</u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	E BOX)
D. If amending the registered agent and/or r new registered agent and/or the new regis	egistered office address in Florida, enter the name of the tered office address:
Name of New Registered Agent	CHKISTOPHER J MKICH
	(Florida street address)
New Registered Office Address:	, Florida (City) (Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered a	g Registered Agent: gent. I am familiar with and accept the obligations of the position. Signature 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 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	PI	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	Address
1) Change	P	JIM KING	3600 HADDINGTON CT
Add			APOPKA, FL 32712
Remove			
2) Change	VP	JODIE A KING	3600 HADDINGTON CT
Add			APOPKA, FL 32712
Remove			
3) Change	P	CHAISTOPHER J MALCH	1620 ROCK LAKE DR
X Add			ORLANDO, FL 32805
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	ding additional Articles, enter change(s) here: heets, if necessary). (Be specific)
ARTICLE V .	BOARD OF DIRECTORS SHALL BE CHANGED FLOM JAMES KING
1327 SAS	SAFRAS DRIVE, ALTHMONTE SPLANGS, FC 32714 TO CHRISTOPHER J MALCI
1620 ROC	CK LAKE DRIVE ORLANDO FL 32805
SHARES 1557	WED TO JIM KING WERE TRANSFERRED CHRISTOPHER J MIALEH ON
JANUARY 1	, 2018
	· · · · · · · · · · · · · · · · · · ·
provisions for im	provides for an exchange, reclassification, or cancellation of issued shares, plementing the amendment if not contained in the amendment itself; ble, indicate N/A)

The date of each amendment(s) adoption: date this document was signed.	J HNILLARY 1,2018	, if other than the
	JANUARY 1, 2018	
Effective date if applicable: (n	no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not r document's effective date on the Department of State	neet the applicable statutory filing requirements, this te's records.	date will not be listed as the
Adoption of Amendment(s) (CHEC	K ONE)	
The amendment(s) was/were adopted by the share by the shareholders was/were sufficient for appr	reholders. The number of votes cast for the amendment oval.	nt(s)
The amendment(s) was/were approved by the sh must be separately provided for each voting gro	areholders through voting groups. The following state oup entitled to vote separately on the amendment(s):	ment
"The number of votes cast for the amendm	ent(s) was/were sufficient for approval	
by(voting	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
(voting	group)	
☐ The amendment(s) was/were adopted by the boa action was not required.	rd of directors without shareholder action and shareho	lder
☐ The amendment(s) was/were adopted by the incoaction was not required.	orporators without shareholder action and shareholder	
Dated 4/2/=1"//	18	
Signature	2-111	
	nt or other officer - if directors or officers have not bee	 :n
	erator - if in the hands of a receiver, trustee, or other co	
appointed fiduciary by	that fiduciary)	
	CHRISTOPHER J MALCH	
(Ту	ped or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	