798000095294

(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bı	ısiness Entity Name	e)
(Document Number)		
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DIVISION OF CORPORATIONS
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COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: U S A MARTIAL ARTS, INC		
(Name of Corporation)		
DOCUMENT NUMBER: P-98000095294		
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
MAYELIN PUGA (Name of Contact Person)		
(radic of Commercialism)		
U S A MARTIAL ARTS, INC		
(Firm/Company)		
1781 S.W. 3RD AVENUE (Address)		
(-1-1-1)		
MIAMI, FL 33129		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
MAYELIN PUGA (Name of Contact Person) at (305) 461-2828 (Area Code & Daytime Telephone Number		
(Name of Contact Person) (Area Code & Daytime Telephone Number		
Enclosed is a \$35.00 check made payable to the Department of State.		

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

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502 statement of change is submitted for a corporation organiin order to change its registered office or register.	zed under the laws of the State of FLORIDA
1. The name of the corporation: U S A MARTIAL ART	s, INC.
2. The principal office address: 1781 S.W. 3 RD AVE	NUE
MIAMI, FL.33129	
3. The mailing address (if different):	
4. Date of incorporation/qualification: 11/12/1998	Document number: P-98000095294
5. The name and street address of the current registered as Florida Department of State:	gent and registered office on file with the
FELIX PUGA	
150 N.W. 49 AVENUE	
MIAMI, FL. 33126	
6. The name and street address of the new registered agen (if changed):	t (if changed) and /or registered office
JUSTA P. VILLANUEVA	
150 N.W. 49 AVENUE	
(P.O. Box NOT acceptable) MIAMI, FL.33126	
The street address of its registered office and the street as changed will be identical.	address of the business office of its registered agent,
Such change was authorized by resolution duly adopted authorized by the board, or the corporation has been not	
(Signature of an officer of director)	JUSTA P.VILLANUEVA PRESIDENT (Printed of types faste and title)
I hereby accept the appointment as registered agent and I further agree to comply with the provisions of all statu of my duties, and I and familiar with and accept the obli document is being filed merely to reflect a change in the corporation has been notified in writing of this Change.	l agree to act in this capacity, tes relative to the proper and complete performance gation of my position as registered agent. Or, if this registered office address, I hereby confirm that the
1 tung:	10/23/2007
If signing on behalf of an entity	(Date)
FELIX PUGA	•
(Typed or Printed Name)	

* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, PL 32314
CR2E045 (8/05)