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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Suncoast Martial A	Arts Group Inc.			
DOCUMENT NUMB	D00000002442				
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.			
Please return all corresp	ondence concerning this ma	tter to the following:			
I	Larry Monte				
-		Name of Contact Person	1		
-		Firm/ Company			
<u>.</u>	1123 58th St. S				
(Gulfport, FL 33707	Address			
_		City/ State and Zip Code	e		
lmonte	1@tampabay.rr.com				
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	concerning this matter, pleas	se call:			
Larry Monte		at (204-5475 de & Daytime Telephone Number		
Name of	Name of Contact Person Area Code & Daytime Telephone Number				
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:		
□ \$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

\sim \sim \sim \sim \sim	of ./		
n/a SULCONST /VI	ARTIAL NET	GROUP, INC.	
(Name o	of Corporation as currently	filed with the Florida Dept. of St	<u>ate</u>)
n/a P99000	92663		
	(Document Number of C	Corporation (if known)	·
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this Fi	lorida Profit Corporation adopts th	ne following amendment(s) to
A. If amending name, enter the new na	me of the corporation:		
n/a			The new
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "C	o". A professional corporation n	or the abbreviation
B. Enter new principal office address,	if applicable:	n/a	
(Principal office address <u>MUST BE A S</u>	TREET ADDRESS)		SSI B F
C. Enter new mailing address, if applia (Mailing address MAY BE A POST of		n/a	Topaliti
D. If amending the registered agent an new registered agent and/or the new Name of New Registered Agent		ss in Florida, enter the name of th	<u>he</u>
	(Florida stree	t address)	 : :
New Registered Office Address:	n/a	. Floric	ia
	10	City)	(Zip Code)
New Registered Agent's Signature, if cl I hereby accept the appointment as registe		th and accept the obligations of the	? position.
	Signature of New Reg	gistered 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.

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>	<u>Name</u>	<u>Addres</u> s
1) Change	D	Lesley A Bell	1123 58th St. S
Add x Remove			Gulfport, FL 33707
2) Change	•		
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			· · · · · · · · · · · · · · · · · · ·
Remove			
6) Change		<u></u>	
Add			
Remove			

(Attacl	<mark>ending or adding ad</mark> h <i>additional sheets, if</i>	necessary).	(Be specific)	nge(s) nere.			
/a							
							
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If an a	amendment provides	s for an exchar	ige, reclassi	ication, or cand	ellation of issue	ed shares,	
prov	isions for implement if not applicable, ind	ing the amend	lment if not	contained in the	amendment its	self:	
'a	у погаррисаоге, та	icaie IV/A)					
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	12/29/2016	
The date of each amendment(s) adoption:	, if other than the
date this document was signed.	12/29/2016	
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
	nis block does not meet the applicable statutory filing requirements, this date will be Department of State's records.	I not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were by the shareholders was/wer	e adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
	cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
Dated	2-30-16	
Signature	La ///www	
(By	a director, president or other officer - if directors or officers have not been	_
	ected, by an incorporator – if in the hands of a receiver, trustee, or other court	
арр	pointed fiduciary by that fiduciary)	
	Larry Monte	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	

. . . .