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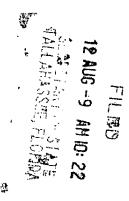
	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UF	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
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COVER LETTER

TO: Amendment Section Division of Corporations

2 Tribion of Corporations		
NAME OF CORPORATION: Fitness A	nd Characte	er Education, Inc.
DOCUMENT NUMBER: N1000002	688	
The enclosed Articles of Amendment and fee are subn	nitted for filing.	
Please return all correspondence concerning this matte	er to the following:	
Kirk Farber		
	(Name of Contact Person)
Fitness And Character E	ducation, Ir	ic.
	(Firm/ Company)	
1015 Atlantic Blvd., #297	7	
	(Address)	
Atlantic Beach, FL 3223	3	
	(City/ State and Zip Code	2)
kirk@face4kids.or		
E-mail address: (to be used For further information concerning this matter, please		notification)
Kirk Farber	_{at (} 904	241-8044
(Name of Contact Person)		de & Daytime Telephone Number)
Enclosed is a check for the following amount made pa	yable to the Florida Depa	rtment of State:
\$35 Filing Fee \$\sum \text{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	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 of

Fitness And Character Education, in	iC.	
(Name of Corporation as currently filed with the Flo	orida Dept. of State)	
N1000002688		
(Document Number of Corpor	ation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this <i>Florida Not For Profit Corp</i> e	oration adopts the following
A. If amending name, enter the new name of the corporat	ion:	
N/A		Th
name must be distinguishable and contain the word "corpora "Company" or "Co." may not be used in the name.	tion" or "incorporated" or the abbr	The new reviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	N/A	
Principal office address <u>MUST BE A STREET ADDRESS</u>)	De Se
		&
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	-9 AH
		S 3 3
D. If amending the registered agent and/or registered offinew registered agent and/or the new registered office a		me of the
Name of New Registered Agent: N/A		
New Registered Office Address:	(Florida street address)	-
	, Florida	ı
(City)	(Zip (Code)
New Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I am fa		ns of the position.
Signature of New Regis	stered Agent, if changing	_

Page 1 of 4

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 X Remove X Add	<u>V</u> <u>Mik</u>	n Doe te Jones y Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	D	Ms. Yvonne Ferguson	2014 Prince Albert Ct.
X Add			Jacksonville, FL 32246
Remove			4504.94"
2) Change	<u>D</u>	Ms. Laura Bowes	1531 Winthrop Street
X Add			Jacksonville, FL 32206
Remove 3) X Change	<u>T</u>	Daniel Cronrath	319 NW Fett Way
Add			Lake City, FL 32055
Remove			
4) X Change	PS_	Linda Bevilacqua	
Add			
Remove			
5) Change			
Add			
Remove			· · · · · · · · · · · · · · · · · · ·
6) Change			
Add			
Remove			

If amending or adding additional Art (attach additional sheets, if necessary).	(Be specific)			
//A				
<u> </u>				
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The date of each amendment(s) adoption	n: 3-8-12
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adopted was/were sufficient for approval.	by the members and the number of votes cast for the amendment(s)
adopted by the board of directors.	ntitled to vote on the amendment(s). The amendment(s) was/were
Dated O/O/2012 . Signature	Lieu tonan
(By the chairman chave not been selections)	or vice chairman of the board, president or other officer-if directors ected, by an incorporator – if in the hands of a receiver, trustee, or nted fiduciary by that fiduciary)
Kirk Farber	
(Туре	ed or printed name of person signing)
Executive Dire	ector
(Tit	e of person signing)