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(Requ	estor's Name)	<u>.</u>
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(City/s	State/Zip/Phone	e #)
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	tness an	d Others	ACTER	EDUCATION, I
DOCUMENT NUMBER:	N1000	00026	88	
The enclosed Articles of Amendment and fe	ee are submitted f	or filing.		
Please return all correspondence concerning	this matter to the	following:		2617 SEP 22
K,	RKF	ARBE	R	2
	(Name	of Contact Persor	1)	ğ
FITHESS AM	D CHAR	ACTON_ irm/ Company)	EDUCAT	70N, Inc.
1015 AMantic	slud.	# 29 ⁻	7	<u> </u>
ATlant				2233
		ICEYK ure annual report		
For further information concerning this mat			ŕ	\cup
Kirk Frasi	-	at	(904) rea Code) (Da	241-8044 ytime Telephone Number)
Enclosed is a check for the following amou				
\$35 Filing Fee \$\frac{11}{11}\$43.75 Fili Certificate	of Status Cert (Ad	75 Filing Fee & itied Copy ditional copy is losed)	Certificate of Certified Continual (Additional Enclosed)	of Status opy
Mailing Address Amendment Section			Address Iment Section	
Antiform of Company Section Antiform of Company to a			20	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

Fitness A.)	Ottanaction EDUCOTION FAC
	ntly filed with the Florida Dept. of State)
	000002688
(Document Num	ber of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statut amendment(s) to its Articles of Incorporation:	tes, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corpora	N A The new
name must be distinguishable and contain the word "corpora "Company" or "Co." may not be used in the name.	ation" or "incorporated" or the abbreviation " Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS	N/A
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA
D. If amending the registered agent and/or registered off new registered agent and/or the new registered office	
Name of New Registered Agent:	10 / M
New Registered Office Address:	(Floridu street address) A
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am for	d Agent: camiliar 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.

Example: X Change X Remove X Add	PT John D V Mike Jo SV Sally S:	ones	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
l) Change	D	CANDACE PERNANDER	Jacksonulle, FL
Add Remove		,	52220
2) Change	_D_	SHEILEY Klempt	244 CAYMAN GOXT JACKSONVILLE BRACH, FL
Remove 3) Change	_D_	GREG Nysewander	32250 34202 CAMIND CAPISTRAND CAPISTRAND BEACH, CA
Add Remove	2	1.2	9 2 6 2 4
4) Change	<u> </u>	KIA CURRY	5504 Bradshow ST. JACKSONNIE PL
Remove			32277
5) Change Add	, , , , , , , , , , , , , , , , , , ,	V	
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)				
	N)A			
				1

·		(Ì	
The date of each amendment(s) ado date this document was signed.	ption:	N	A	, if other than the
Effective date if applicable:			NIP	
<u></u>	(no more than 90 days after	amendment file date	e)	
Note: If the date inserted in this block document's effective date on the Department.		tutory filing require	ments, this date will no	ot be listed as the
Adoption of Amendment(s)	(CHECK ONE)			
	rs entitled to vote on the amendants. 9/20/11 Auc Jun 311 and or vice chairman of the board.	ent(s). The amendr	ment(s) was/were	
	selected, by an incorporator – if pointed fiduciary by that fiduciary		ceiver, trustee, or	
	(Typed or printed n	TRBER ame of person signin	ng)	
	Executive	Person signing)	ctor_	

Untitled

REMOVE:

Candace Fernandes 904-742-3877 Director, Event Planner 1417 Moss Creek Drive Jacksonville, FL 32225

Shelley Klempf 904-404-6361 Director, Public Relations 244 Cayman Court Jacksonville Beach, FL 32250

CHANGE:

Greg Nysewander 904-403-4535 Director, Medical Sales 3805 S. Atlantic Ave, #2 Daytona Shores, FL 32118

to

34202 Camino Capistrano Capistrano Beach, Ca 92624

ADD:

Kia Curry kia.curry@outlook.com Director, Youth Programs 5504 Bradshaw Street Jacksonville, FL 32277 FIN ON SUBJE, OF MAI IN NY CONON \$35 FEX

904-307-7259