

F220000007625

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

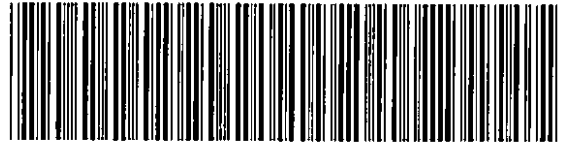
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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Amend

10/18/23--01003--008 **35.00

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2023 OCT 18 AM 10:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2023 OCT 18 AM 11:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A. RAMSEY

OCT 19, 2023

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666, Fax (850) 222-1666

WALK IN

PICK UP: BROOK 10/18

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INC AMEND

1. THE MASTER'S FITNESS, INC.

(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: THE MASTER'S FITNESS, INC. (CROSS REFERENCE NAME: THE MASTER'S HOLDINGS, INC.)

Name of Corporation

DOCUMENT NUMBER: F22000007625

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

LISA KENNERLY

Name of Contact Person

JOHNSON POPE BOKOR RUPPEL & BURNS LLP

Firm/Company

490 1ST AVENUE SOUTH, SUITE 700

Address

ST. PETERSBURG, FLORIDA 33701

City/State and Zip Code

JAIMESCOTTALLEN@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LISA KENNERLY

at (727) 330-3665

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy | <input type="checkbox"/> \$52.50 Filing Fee,
Certificate of Status &
Certified Copy |
|--|--|---|---|

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

PROFIT CORPORATION
APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Pursuant to s. 607.1504, F.S.)

SECTION I
(1-3 MUST BE COMPLETED)

F22000007625

(Document number of corporation (if known))

1. THE MASTER'S FITNESS, INC. (CROSS REFERENCE NAME: THE MASTER'S HOLDINGS, INC.)

(Name of corporation as it appears on the records of the Department of State)

2. CALIFORNIA

(Incorporated under laws of)

3. DECEMBER 14, 2022

(Date authorized to do business in Florida)

SECTION II
(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? N/A

5. N/A

(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

6. If the amendment changes the period of duration, indicate new period of duration.

N/A

(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

N/A

(New jurisdiction)

8. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent

N/A

(Florida street address)


New Registered Office Address: 9201 CAPTIVA CIRCLE, ST. PETE BEACH, Florida 33706

(City)

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position


 2023 OCT 18 AM 11:37

Signature of New Registered Agent, if changing

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
PRES.	RUSS ALLEN	17011 DOLPHIN DR, N REDDINGTON BCH, FL 33708	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
SECT.	JAIME ALLEN	17011 DOLPHIN DR, N REDDINGTON BCH, FL 33708	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
PRES.	RUSS ALLEN	9201 CAPTIVA CIRCLE, ST. PETE BEACH, FLORIDA 33706	<input checked="" type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
SECT.	JAIME ALLEN	9201 CAPTIVA CIRCLE, ST. PETE BEACH, FLORIDA 33706	<input checked="" type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove

10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.


Jaime Allen (Oct 11, 2023 08:52 EDT)

(Signature of a director, president or other officer - if in the hands of
a receiver or other court appointed fiduciary, by that fiduciary)

JAIME ALLEN

(Typed or printed name of person signing)

SECRETARY

(Title of person signing)

FILING FEE \$35.00



Secretary of State Certificate of Status

I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

Entity Name: THE MASTER'S HOLDINGS, INC.
Entity No.: 3582171
Registration Date: 06/20/2013
Entity Type: Stock Corporation - CA - General
Formed In: CALIFORNIA
Status: Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of October 17, 2023.

SHIRLEY N. WEBER, PH.D.
Secretary of State

Certificate No.: 151922422

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at bizfileOnline.sos.ca.gov.