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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Gymnic, INC. (Name of Corporation)
DOCUMENT NUMBER: L 79479
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:
KARL BISHOP (Name of Contact Person) Gymnic, Inc. (Firm/Company) 4610 INGERSOL PLACE (Address)
NEW PORT RICHEY, FLORIDA 34652 (City/State and Zip Code)
For further information concerning this matter, please call:
11 777 501-5880
(Name of Contact Person) at (727) 501-5880 (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

		1502, 607.1508, or 617.1508, Florida Statutes, this ganized under the laws of the State of FLORIDA	
=	_	istered agent, or both, in the State of Florida.	
1. The name of the	he corporation: GMMNIC, IN	1(.	
2. The principal	office address: 4610 No-E		
		PICHEY, FLORIDA 34652	
3. The mailing ac	ddress (if different):		
4. Date of incorp	poration/qualification: 06/07/	1990 Document number: <u>L</u> 79479	
5. The name and	' '	d agent and registered office on file with the	
	KARL BISHOP		
	2140 RANGE	ROAD, UNITG	
	CLEARWATER,	FWRIDA 33765 318 8	
6. The name and (if changed):	street address of the new registered a	gent (if changed) and /or registered office	
	KARL BISH	SSE OF	
	4610 NGEESON	- PLACE FISH ST	
	NEW PORT P	LICHEY, FLORNOA 34652 3	
The street addre	ss of its registered office and the stre be identical.	eet address of the business office of its registered agent,	,
Such change wa authorized by th	is authorized by resolution duly adoption board, or the corporation has been	oted by its board of directors or by an officer so notified in writing of the change.	
(Signatur	ite of an officer or director)	KARL BISHOP, PRES 10 ENT (Printed or typed name and title)	
I further agree to of my duties, and document is beir	the appointment as registered agent to comply with the provisions of all s d I am familiar with and accept the o ng filed merely to reflect a change in been notified in writing of this chan	tatutes relative to the proper and complete performance bligation of my position as registered agent. Or, if this the registered office address. I hereby confirm that the	e S
- Ka	Yashy	MAn 21, 2008	
If signing on bel	mature of Registered Agent)	(Date)	
	•		
(T)	Ypped 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, FL 32314 CR2E045 (8/05)