

N060000007383

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_

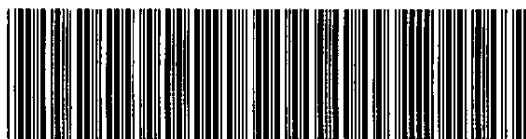
Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Corrected document  
by telephone call  
FR 3/10/09

*copy*

Office Use Only



900144572969

02/27/09--01036--009 \*\*35.00

*Amend*

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 MAR 10 PM 1:57

FILED

FILED MAR 10 2009



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 2, 2009

MELVIN MURPHY  
FITNESS AGILITY STRENGTH TECHNIQUE CAMP  
5456 SOUTHWEST 191ST TERRACE  
MIRAMAR, FL 33029

SUBJECT: FITNESS AGILITY STRENGTH TECHNIQUE CAMP, INC.  
Ref. Number: N06000007383

We have received your document for FITNESS AGILITY STRENGTH TECHNIQUE CAMP, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts  
Regulatory Specialist II

Letter Number: 409A00007149

RECEIVED  
2009 MAR 10 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Fitness Agility Strength Technique Camp Inc.

**DOCUMENT NUMBER:** N06000007383

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Melvin J. Murphy

(Name of Contact Person)

(Firm/ Company)

5456 SW 191 Terrace

(Address)

Miramar, Florida 33029

(City/ State and Zip Code)

For further information concerning this matter, please call:

Melvin J. Murphy

(Name of Contact Person)

at ( 954 ) 325-3556

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department 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  
of

FILED  
09 MAR 10 PM 1:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Fitness Agility Strength Technique Camp Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

N06000007383

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

*The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.*

**B. Enter new principal office address, if applicable:**

(Principal office address MUST BE A STREET ADDRESS)

**C. Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

**D. 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:

New Registered Office Address:

(Florida street address)

(City)

Florida

(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.*

Signature of New Registered Agent, if changing

(Attach additional sheets, if necessary)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

(attach additional sheets, if necessary). (Be specific)

ADD: ARTICLE IX. Said organization is organized exclusively for charitable, educational,  
and scientific purposes, including, for such purposes, the making distributions to  
organizations that qualify as exempt organizations under section 501 (c) (3) of the  
Internal Revenue Code, or corresponding section of any future federal tax code.

The date of each amendment(s) adoption: 2/17/09

Effective date if applicable: 2/17/09

*(no more than 90 days after amendment file date)*

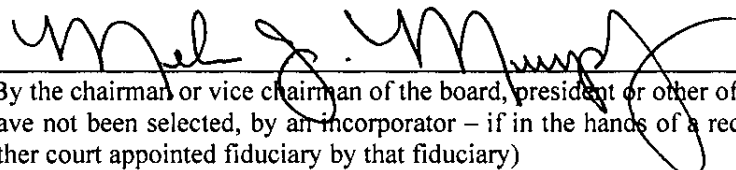
Adoption of Amendment(s)

**(CHECK ONE)**

- ☐ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
- ☒ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated February 17, 2009

Signature

  
(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Melvin J. Murphy

(Typed or printed name of person signing)

President

(Title of person signing)