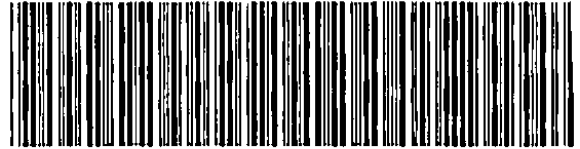


N1700000939



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09/06/18--01014--001 **35.C

(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:

Office Use Only

Amel

RECEIVED
OCT 19 2018

FILED
2018 OCT 15 AM 3:55
SECRETARY OF STATE
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 11, 2018

TERRENCE MICHAEL SCOTT
10121 W SUNRISE BLVD #106
PLANTATION, FL 33322

SUBJECT: SUMMERBODY INC
Ref. Number: N17000009399

We have received your document for SUMMERBODY 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 is incomplete. Please find enclosed and include the missing pages.

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) 245-6050.

Rebekah White
Regulatory Specialist II

Letter Number: 318A00018889

RECEIVED
18 OCT 15 PM 03:11
SEPT 11 2018
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Summerbody Inc.

DOCUMENT NUMBER: 117000009399

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

Please return all correspondence concerning this matter to the following:

Terrence Michael Scott
(Name of Contact Person)

SummerBody Inc.
(Firm/ Company)

10121 W Sunrise Blvd #106
(Address)

Plantation FL 33322
(City/ State and Zip Code)

Sb2kfit@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Terrence Michael Scott at 954 534 3282
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

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

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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

2018 OCT 15 AM 3:55

Summerbody Inc.

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

(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:

N/A 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)

N/A

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

N/A

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:

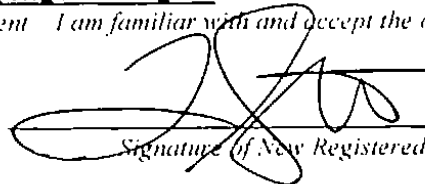
Terrence Michael Scott,
10121 W Sunrise Blvd #106
(Florida street address)

New Registered Office Address:

Plantation, Florida 33322
(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.



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 = Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each one 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. If 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 C, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

<input checked="" type="checkbox"/> Change	PT	John Doe
<input checked="" type="checkbox"/> Remove	V	Mike Jones
<input checked="" type="checkbox"/> Add	SV	Sally Smith

Type of Action
(Check One)

Title

Name

Address

1) ☐ Change

☐ Add

☒ Remove

CW Sasha Patrick-James 7740 NW 15th
Pembroke Pines FL

2) ☐ Change

☐ Add

☒ Remove

T Estine Nicole Mincey 7740 NW 15th Ct
Pembroke Pines FL

3) ☐ Change

☒ Add

☐ Remove

PST Terrence Scott 7740 NW 16th Ct
Pembroke Pines FL

4) ☐ Change

☒ Add

☐ Remove

~~Chairman~~ TS Terrence Michael Scott 7740 NW 15th Ct
Pembroke Pines FL

5) ☐ Change

☒ Add

☐ Remove

PT Scott Terrence Michael Scott 7740 NW 15th Ct
Pembroke Pines FL 3

6) ☐ Change

☐ Add

☒ Remove

S Lara Laws 7740 NW 15th Ct
Pembroke Pines FL

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

NI A

The date of each amendment(s) adoption: _____, if other date this document was signed.

Effective date if applicable: 9-1-18
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

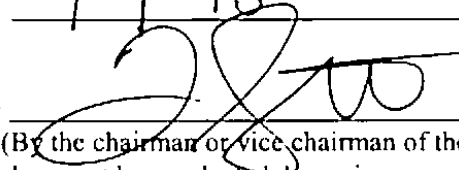
☐ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

☒ 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

9-1-18

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)

Terrence Michael

(Typed or printed name of person signing)

CEO

(Title of person signing)