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SECRETARY OF STATIONICAL PROPERTY.

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ro: Amendment Section
Division of Corporations

NAME OF CORPORA	TION: Coastal Fitne	ess Services, Inc.	
DOCUMENT NUMBE	7		
The enclosed Articles of	f Amendment and fee are sul	bmitted for filing.	
Please return all corresp	ondence concerning this mat	ter to the following:	
	NOTE:		
_	MLC	HAEL LANE Name of Contact Person	1
	COACTIAL I		
_	COASTAL I	FITNESS SERVICES, I	LINC.
	13080 Soi	uth Belcher Road -	Suite 2
_		Address	
	Largo, F		
_	nargo, r.	City/ State and Zip Code	e
		олу, оли ши дър оси	
	mike@coa	stal-fitness.com	
	E-mail address: (to be us	sed for future annual report	notification)
For Combaning Commission	iu 41.iu	, uo nelle	
For further information (concerning this matter, pleas	e can:	
MICHA	EL LANE	as (727	\ 520 7677
Name of	Contact Person	at (at Co) <u>530-7677</u> de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment 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)
Amen Divisi P.O. E	ng Address dment Section on of Corporations Box 6327 hassee, FL 32314	Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations a Building Executive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of

JATZAOC	FITNESS	SERVICES,	INC.
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(Name of Corporation as	currently filed	with the I	Florida Dent.	of State)
Trancoi Corporation as	CHITCHLIA INCA	WILL LIE I	IUIIUA DEDI.	UL STATE

P0000028854 (Document Number of	of Corporation (if known)
(Document Number (or Corporation (11 known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
N/A	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	13080 South Belcher Road
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Suite 2
	Largo, FL 33773
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	13080 South Belcher Road
	Suite 2
	Largo, FL 33773
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address	
Name of New Registered Agent MICHAEL LANE	
14106 EASTLAND L	ANE,
(Florida s	treet address)
New Registered Office Address: TAMPA	, Florida 33625
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen	ut:
I hereby accept the appointment as registered agent. I am familiar	
_	-

Signature of New Registered Agent, if changing

Mach adamonal	dding additional Arti sheets, if necessary).				
<u> N/A</u>					
					_
_					
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			· · · · · · · · · · · · · · · · · · ·		
an amendment	provides for an exch	iange, reclassifica	ion, or cancellatio	n o <u>f issued</u> shares,	
rovisions for in	nplementing the ame	ndment if not con	tained in the amend	dment itself:	
	cable, indicate N/A)				
NA					-
•					
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<u> </u>					
					
				· · · · · · · · · · · · · · · · · · ·	

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address of each Officer (Attach additional sheets, Please note the officer/di P = President; V = Vice Executive Officer; CFO held. President, Treasure Changes should be noted	and/or I if necess rector tit Presiden = Chief er, Direct l in the fo	Director by sary) le by the f t; T= Tree Financial for would corporation	eing added: irst letter of the office title: asurer; S= Secretary; D= Director; TR= Tr Officer. If an officer/director holds more the be PTD. tanner. Currently John Doe is listed as the F n, Sally Smith is named the V and S. These s	lirector being removed and title, name, and ustee; $C = Chairman \ or \ Clerk; \ CEO = Chief han one title, list the first letter of each office PST and Mike Jones is listed as the V. There is hould be noted as John Doe, PT as a Change,$
Example:	<u>PT</u>	John Do		
X Change				
X Remove	Y	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally St	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	Address
1)Change	PD		David Head	2228 Cypress Hollow Court
Add				Safety Harbor, FL 34695
x Remove		•		
2) Change	_PD	_	Michael Lane	14106 Eastland Lane
X Add				Tampa, FL 33625
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change	_			
Add		_		
Remove				
Kelilove				
6) Change		<u>. </u>		
Add				

Chief office

_ Remove

)
The date of each amendment(s) adoption:date this document was signed.	, if other than the
Effective date if applicable:	
(no more than 90 c	days after amendment file date)
Note: If the date inserted in this block does not meet the applicable document's effective date on the Department of State's records.	ole statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The new by the shareholders was/were sufficient for approval.	umber of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders throug must be separately provided for each voting group entitled to voting group entitled.	
"The number of votes cast for the amendment(s) was/were s	sufficient for approval
by (voting group)	,n
(voting group)	
The amendment(s) was/were adopted by the board of directors was action was not required.	ithout shareholder action and shareholder
☐ The amendment(s) was/were adopted by the incorporators withou action was not required.	at shareholder action and shareholder
Dated 4/4/16	4
Signature(By a director, president or other officer	r – if directors or officers have not been
selected, by an incorporator - if in the h	nands of a receiver, trustee, or other court
appointed fiduciary by that fiduciary)	
Laulet,	Head
(Typed or printed na	me of person signing)
Director	·
(Title of	person signing)