

P02000015645

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

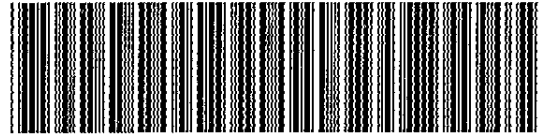
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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: NATIONAL PERSONAL TRAINING INSTITUTE OF SOUTHERN CALIFORNIA INC
(Name of corporation)

DOCUMENT NUMBER: P02000015376

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:

LOU MONACELLO JR
(Name of person)

NATIONAL PERSONAL TRAINING INSTITUTE OF SOUTHERN CALIFORNIA INC
(Name of firm/company)

1969 S ALAFAYA TRAIL #308
(Address)

ORLANDO FL 32828
(City/state and zip code)

For further information concerning this matter, please call:

LOU MONACELLO JR at (800) 960-6294
(Name of person) (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
409 E. Gaines Street
Tallahassee, FL 32399

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: NATIONAL PERSONAL TRAINING INSTITUTE OF SOUTHERN CALIFORNIA

2. The principal office address: 1969 S ALAFAYA TRAIL #308, ORLANDO FL 32828

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 19 OCT 2003 Document number: ~~P062000015367~~ P02000015

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

PATRICK W SHERMAN

3398 MORELYN CREST CIRCLE

ORLANDO FL 32828

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

LOU MONACELLO JR

1969 ALAFAYA TRAIL #308

(P.O. Box or personal mailbox NOT acceptable)

ORLANDO FL 32828

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

X Louis Monacello Jr
(Signature of an officer or director)

LOU MONACELLO JR 10/21/03
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

X Louis Monacello Jr
(Signature of Registered Agent)

OCTOBER 19, 2003 10/21/03
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314