## P03000113897

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	: #)
PICK-UP	MAIT	MAIL
(Bu	usiness Entity Nam	ne)
(Document Number)		
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		
·		

Office Use Only

Rolch8 10, 6.1.04



200075552442

06/01/06--01003--016 \*\*35.00

OS JUN-1 MIN ON FLORIDA



May 8, 2006

LOUIS J. MANACELLO NATIONAL PERSONAL TRAINING 10050 ROOSEVELT BOULEVARD PHILADELPHIA, PA 19116

SUBJECT: NATIONAL PERSONAL TRAINING INSTITUTE OF MIAMI, INC

Ref. Number: P03000113897

We have received your document for NATIONAL PERSONAL TRAINING INSTITUTE OF MIAMI, 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):

If you are changing the registered agent you must list the name in the space provided.

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) 245-6964.

Letter Number: 306A00032541

Irene Albritton Document Specialist

## **COVER LETTER**

TO: Amendment Section Division of Corporations SUBJECT: National Personal Training Institute of Miami, Inc. (Name of Corporation) DOCUMENT NUMBER: P3000113897 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: J Monacelle (Name of Contact Person) National Personal Training Institute of Miami, Inc. (Firm/Company) 10050 Roosevelt Boulevard, (Address) Philadelphia, PA 19116 (City/State and Zip Code) For further information concerning this matter, please call: Louis J Monacello ) 960-6294 (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed is a \$35.00 check made payable to the Department of State. Mailing Address: **Street Address:** Amendment Section **Amendment Section Division of Corporations Division of Corporations** P.O. Box 6327 Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

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

statement of chan	rovisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ge is submitted for a corporation organized under the laws of the State of Florida to change its registered office or registered agent, or both, in the State of Florida.
1. The name of th	e corporation: National Personal Training Institute of Miami, Inc.
	ffice address: 1250 East Hallandale Beach Boulevard, Hallandale Beach FL 33009
3. The mailing ad	dress (if different): 10050 Roosevelt Boulevard, Philadelphia, PA 19116
4. Date of incorpo	pration/qualification: October 15, 2003 Document number: P3000113897
5. The name and s Florida Departr	street address of the current registered agent and registered office on file with the ment of State:  Louis J Monacello (Changed 9/7/05)  1969 South Alafaya Trail, #308  Orlando, FL 32828  Street address of the new registered agent (if changed) and /or registered office
<u> </u>	_ouis J Monacello (Changed 9/7/05)
	1969 South Alafaya Trail, #308
<u>(</u>	Orlando, FL 32828
(if changed):	Section and the registered agent (it established and refrequently and refr
	COUN J. MONACE//o
<u>-</u>	1250 East Hallandale Beach Boulevard (P.O. Box NOT acceptable)
<u> </u>	Hallandale Beach FL 33009
The street address as changed will b	s of its registered office and the street address of the business office of its registered agent, the identical.
Such change was authorized by the	authorized by resolution duly adopted by its board of directors or by an officer so board, or the corporation has been notified in writing of the change.
home	Louis J Monacello, President (Printed or typed name and title)
I hereby accept the surface of further agree to of my duties, and document is being corporation has be	he appointment as registered agent and agree to act in this capacity. comply with the provisions of all statutes relative to the proper and complete performance I am familiar with and accept the obligation of my position as registered agent. Or, if this g filed merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change.
Xviis /	Munacella 4/3 0/16 ature of Registered Agent) (Date)
If signing on beha	
Louis	monace // o

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

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