

P04000017169

(Requestor's Name)

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(City/State/Zip/Phone #)

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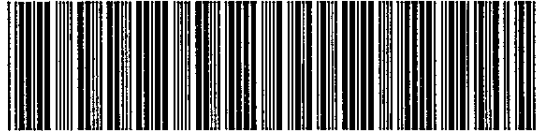
(Business Entity Name)

(Document Number)

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2001 MAR 22 PM 1:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

G. O'Connell MAR 23 2004

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Playfit Enterprises Inc

DOCUMENT NUMBER: P04000017169

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

Please return all correspondence concerning this matter to the following:

John S. Knight

(Name of Person)

Playfit Enterprises Inc

(Name of Firm/ Company)

4669 Ilah Road North

(Address)

Jacksonville, Florida 32257

(City/ State/ and Zip Code)

For further information concerning this matter, please call:

John S. Knight

(Name of Person)

at (904) 338-5245

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$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
409 E. Gaines Street
Tallahassee, FL 32399

Articles of Amendment
to
Articles of Incorporation
of

Playfit Enterprises Inc.

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

P04000017169

(Document number of corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

NEW CORPORATE NAME (if changing):

(must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (**BE SPECIFIC**)

Article II - Principle place of business zip code should be 32257, not 32082.

Article II - The mailing address should be made the same as the principle place of business:

4669 Iiah Road North, Jacksonville, FL 32257

Article V - Registered Agent has changed. It should now be: Gwen Hutcheson Griggs, P.A.

6 East Bay Street, 5th floor, Jacksonville, Florida 32202

Article VII - Change the spelling of Deborah to Debra.

Article VII - Remove Title V: Jennifer R. Burnett's name and address and replace with Title V: Robin

M. Staton, 12344 Gately Oaks Lane West, Jacksonville, Florida 32225

(Attach additional pages if necessary)

If an amendment provides for exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

(continued)

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The date of each amendment(s) adoption: March 10, 2004

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

- ☐ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval by _____
(voting group)

- ☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
- ☒ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Signed this 10th day of March, 2004

Signature Robin M. Staton
(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Robin M. Staton
(Typed or printed name of person signing)

Executive Vice President
(Title of person signing)

FILING FEE: \$35

I certify that I am familiar with and accept the responsibilities of the
Registered Agent for Playfit Enterprises, Inc.

Registered Agent Name: Gwen Hutcheson Griggs, P.A.

Registered Agent Signature: Gwen Hutcheson Griggs, P.A.