P04000125670

(Requesto	or's Name)
(Address)	
(Address)	
(City/State	e/Zip/Phone #)
PICK-UP	WAIT MAIL
(Business	Entity Name)
(Docume	nt Number)
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SECRETARY OF STATE
ALLANAMER FILOSIA.

COVER LETTER

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: FLEX O	ME Fitness]	mc_
DOCUMENT NUMBER: POYOOO	125670	
The enclosed Articles of Amendment and fee are	submitted for filing.	
Please return all correspondence concerning this n	natter to the following:	
YINCENT A. VENd'	Contact Person)	
FLEX ONE FITH	ESS Inc.	<u>.</u>
250 Pine Avenue	Nwh_	·····
Oldswar F)	ovida 34677 and Zip Code)	
For further information concerning this matter, ple	ease call:	·
(Name of Contact Person)	at (<u>8 3 </u>	S 9 9 7 elephone Number)
Enclosed is a check for the following amount:		
\$35 Filing Fee \$\text{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	Street Address Amendment Section Division of Corporations Clifton Building	

2661 Executive Center Circle Tallahassee, FL 32301



October 23, 2006

VINCENT A. VERDI FLEX ONE FITNESS INC. 250 PINE AVENUE NORTH OLDSMAR, FL 34677

SUBJECT: F.L.E.X. ONE FITNESS, INC.

Ref. Number: P04000125670

We have received your document for F.L.E.X. ONE FITNESS, INC. and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must have original signatures.

The document is illegible and not acceptable for imaging.

We are enclosing the proper form(s) with instructions for your convenience.

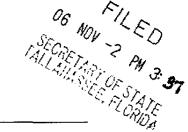
Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 406A00062840

Articles of Amendment to Articles of Incorporation



F. L. E.X. One Fitness, Inc.

(Document number of corporation (if known)	ou . or
suant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Propos</i> the following amendment(s) to its Articles of Incorporation:	fit Corporation
W CORPORATE NAME (if changing):	
LEX ONE FITUESS, INC	
ist contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," professional corporation must contain the word "chartered", "professional association," or the	"Inc.," or "Co.") abbreviation "P.A.")
<u>AENDMENTS ADOPTED- (OTHER THAN NAME CHANGE)</u> Indicate A I/Or Article Title(s) being amended, added or deleted: (BE SPECIFIC)	Article Number(s)
Wor Afficie Title(5) being amended, added or defende. (<u>DE 51 Bett ve</u>)	
	<u> </u>
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	· · · · · · · · · · · · · · · · · · ·
	· ·
(Attach additional pages if necessary)	

(continued)

Effective date if <u>applicable</u> : 10 3 02 (no more than 90 days after amendment file date) Adoption of Amendment(s) (CHECK ONE)
Adoption of Amendment(s) (CHECK ONE)
Adoption of Amendment(s) (CHECK OILE)
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.
Signature (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)
(Title of person signing) (Title of person signing)
President (Title of person signing)

FILING FEE: \$35