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SECRETARY OF STATE
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Honerd Thewis 10-1-10 FILED

### **COVER LETTER**

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: NEW Life Fitness, INC.
DOCUMENT NUMBER: P05000015(62)
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Royald L. Blake  Name of Contact Person
Mew Life Fitness, Inc.
166 Venetian Bay Circle
Sawford, FC 32771  City/ State and Zip Code
blake 33 a bell south. net E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:  Royald L. Blace at (401) 417-0072  Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee S43.75 Filing Fee Scrifficate of Status Certified Copy Certificate of Status (Additional copy is enclosed)  Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Street Address
Amendment Section Amendment Section Division of Corporations Division of Corporations
P.O. Box 6327 Clifton Building
Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

#### **Articles of Amendment**

to

## **Articles of Incorporation**

• • • • • • • • • • • • • • • • • • • •		of	FILED
<u>New Lif</u>	e Fitz	vess, INC	2010 070 00 -
(Name of Corporation as c	urrently filed v	with the Florida Dept. of St	2010 SEP 29 P 3: 20
<u> </u>	10156	$\infty$ 1	SECRETARY OF STATE TALLAHASSEE, FLORIDA
(Document	Number of Corp	poration (if known)	ACCAMASSEE, FEURIDA
Pursuant to the provisions of section 607. amendment(s) to its Articles of Incorporation		Statutes, this Florida Profit	Corporation adopts the following -
A. If amending name, enter the new name	ie of the corpor	ration:	
			The new
name must be distinguishable and conta abbreviation "Corp.," "Inc.," or Co.," or name must contain the word "chartered,"	the designation	n "Corp," "Inc," or "Co".	A professional corporation
B. Enter new principal office address, if (Principal office address MUST BE A STI		<u>SS</u> )	<del></del>
C. Enter new mailing address, if application (Mailing address MAY BE A POST Of		166 Venet Sanford, F	ian Boy Circle -C 32771
D. If amending the registered agent and			iter the name of the
new registered agent and/or the new	registered offic	e address:	
Name of New Registered Agent:	KONO	ld L. Blake	
New Registered Office Address:	1100	Venetian Barrel (Florida street address)	My Circle
		C(ity) (Z	, Florida DOLT [ ( Sip Code)
New Registered Agent's Signature, if cha I hereby accept the appointment as register	ed agen). I am		

# If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added: (Attach additional sheets, if necessary) **Type of Action** <u>Title</u> <u>Name</u> 71 □ Remové ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) F. If an amendment provides for an 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)

The date of each amendment(s) ad	option: 9(17/10
Effective date if applicable:	(date of adoption is required)
(no r	nore than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ado by the shareholders was/were sur	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes cast fo	or the amendment(s) was/were sufficient for approval
by	ng group)
(votin	ng group)
The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder
The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder
Dated_O	20/10
Signature K	ralds. Blad
selected,	ector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court I fiduciary by that fiduciary)
<u>k</u>	(Typed or printed name of person signing)
1	President
	(Title of person signing)