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R. WHITE

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## COVER.LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORA	TION: GYM	NASTIC	WORLD USA, INC.	
DOCUMENT NUMBER	R: P\$5	000097	WORLD USA, INC.	
	Amendment and fee are su			
Please return all correspo	ndence concerning this ma	tter to the following:		
	CAROL	MANGO	USA, INC.	
		Name of Contact Pers	on	
	GYMNASTI	c world	USA, INC.	
<del></del>		Firm/ Company	•	~
	2187 TE	RADE CEI	WIER WAY - SUTTE	d.
	NAPLES	, FL 34	4109 de	
<del></del>		City/ State and Zip Co	de	
			TRANSON COM	
For further information co	oncerning this matter, pleas	se call:		
CAROL M	IANGO	at ( ) 3 9	Code & Daytime Telephone Number	
Name of C	Contact Person	Area C	Code & Daytime Telephone Number	
Enclosed is a check for th	e following amount made	payable to the Florida De	partment of State:	
S35 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)	
<u>Mailing</u>	g Address	Stree	et Address	

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## **Articles of Amendment**

(Name of Corpo	pration as currently filed with the Fl	orida Dept. of State
		Choning Conta
(De	ocument Number of Corporation (if kr	nown) I ALLAHASSEL, I LUMBA
suant to the provisions of section 607,1006, Fl Articles of Incorporation:	orida Statutes, this Florida Profit Cor	poration adopts the following amendment
If amending name, enter the new name of the	he corporation:	
		The new
ne must be distinguishable and contain the orp.," "Inc.," or Co.," or the designation "(d" chartered," "professional association," or	Corp," "Inc," or "Co". A profession the abbreviation "P.A."	
Enter new principal office address, if applic incipal office address <u>MUST BE A STREET</u>		
		· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:	z novi	
(Mailing address <u>MAY BE A POST OFFICE</u>	<u> </u>	
If amending the registered agent and/or reg	gistered office address in Florida, en	ter the name of the
new registered agent and/or the new registe	ered office address:	
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:		, Florida
	(City)	(Zip Code)
	Registered Agent:	
v Registered Agent's Signature, if changing reby accept the appointment as registered age		

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)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>5</u>	NICOLE K. MANGO	3715 GUADIATO CT
<u>≯</u> Add		_	NAPUS, FL 34109
Remove			
2) Change		_	
Add			
Remove			
3 ) Change	<del></del>		
Add			
Remove			
4) Change	<del></del>		
Add			
Remove			
5) Change			<del></del>
Add			
Remove			
6) Change	<del></del>		
Add			
Remove			

<mark>lf amending or adding additional Arti</mark> Attach <i>additional sheets, if necessary</i> ).	(Be specific)
<del></del>	
f an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amer (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
(ij noi appucabie, inaicaie N/A)	

The date of each amendment(s) adoption:	, if other than the
Effective date if applicable: (no more than 90 days after amendment file date)	<del>-</del>
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, t document's effective date on the Department of State's records.	his date will not be listed as the
Adoption of Amendment(s) ( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amenda by the shareholders was/were sufficient for approval.	nent(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following so 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)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and share action was not required.	eholder
The amendment(s) was/were adopted by the incorporators without shareholder action and sharehold action was not required.	ler
Dated8/25/15	
Signature (By a director, president or other officers or officers have not	
selected, by an incorporator – if in the hands of a receiver, trustee, or othe appointed fiduciary by that fiduciary)	r court
(Typed or printed name of person signing)	
· ·	
PRESIDENT / CEO	
(Title of person signing)	

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