## P05000135107

Office Use Only



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SECRETARY OF STATE
ANTICAHASSEE, FLORIDA

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## **COVER LETTER**

TO: Amendr Division	nent Section n of Corporations	
SUBJECT:	World Gym Express Is (Name of Co.	
DOCUMENT N	NUMBER: P05000135107	
The enclosed Sta	atement of Change of Registered Office/	Agent and fee are submitted for filing.
Please return all	correspondence concerning this matter t	o the following:
	Karla Crosby Ayer (Name of Cont	act Person)
	Karla Crosby Ayer, Attorney at L (Firm/Con	npany)
	1590 Arapaho Avenue (Addre	ss)
	St. Augustine, Florida 32084	
	(City/State and	
For further infor	mation concerning this matter, please ca	II:
	ver, Attorney at Law Name of Contact Person)	at ( 904 ) 824 8366 (Area Code & Daytime Telephone Number)
Enclosed is a \$3:	5.00 check made payable to the Departm	ent of State.
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of Florida er to change its registered office or registered agent, or both, in the State of Florida.
1. The name of	the corporation: World Gym Express Island Fitness, Inc.
2. The principal	office address: 8 Ocean Trace Road
St. Augustin	ne, Florida 32080
3. The mailing a	address (if different): (same)
4. Date of incorp	poration/qualification: March 32, 2006 Document number: P05000135107
	d street address of the current registered agent and registered office on file with the rtment of State:
	William O. Brothers
	8 Ocean Trace Road  St. Augustine, Florida 32080
	St. Augustine, Florida 32080
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office
	Karla Crosby Ayer, Attorney at Law
	1590 Arapaho Avenue
	(P.O. Box NOT acceptable)
	St. Augustine, Florida 32084
as changed will	
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.
MM	M.G. Liney
	are of an officer or director) (Printed or 15 ped name and title)
I hereby accept Lfarther agree to of my duties, an document is bei corporation has	the appointment as registered agent and agree to act in this capacity.  To comply with the provisions of all statutes relative to the proper and complete performance and I am familiar with and accept the obligation of my position as registered agent. Or, if this ing filed merely to reflect a change in the registered office address, I hereby confirm that the s been notified in writing of this change.
Sau	February 21, 2008
<i> \arthoral</i> If signing on <b>b</b> e	gnature of Registered Scent)  (Date)  (Cosby Ryes)  chalf of an entity:   (Prey of Law)
Γ)	Typed or Printed Name)

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 \* \* \*