P05000143225

(F	Requestor's Name)
(A	Address)
(A	Address)
(0	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(E	Business Entity Name)
(C	Occument Number)
Certified Copies	Certificates of Status

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OF JUL 17 AH 101 CO
SECURE ASSEE FLORIDA

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: TNT To	(Name of Corporation)
DOCUMENT NUMBER:	0 5000143225
	egistered Office/Agent and fee are submitted for filing.
Please return all correspondence concer	ning this matter to the following:
	Troy D. Suffer
	(Name of Contact Person)
<u> </u>	TNT Total Fitness, Inc (Firm/Company)
	(FillivCompany)
	(Address)
	(Address)
Oakl	and Park Fr. 83311 (City/State and Zip Code)
For further information concerning this	• ,
	at (954) 448-8669 (Area Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made payab	le to the Department of State.
Mailing Addre Amendment S Division of Co P.O. Box 632 Tallahassee, F	orporations Division of Corporations Clifton Building

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

Pursuant to the pro slatement of chang	e is submitted	l for a corporat	tion organ	ized under	the laws	of the State	of		
in order to	o change its r	egistered office	or registe	red agent,	or both,	in the State	of Florid	da.	
1. The name of the	corporation:	TNT	Total	Fitne	<u>ر ی :</u>	Inc.			
2. The principal of	fice address:_			akland		- Blud			
		Oakland	Park	Fi.	33311				
3. The mailing add	ress (if differ	ent):							
4. Date of incorpor	ation/qualific	eation:	05	Doc	ıment nı	ımber: <u>PO</u>	5000	143225	
5. The name and st Florida Departm		of the current re	gistered ag	gent and re	gistered	office on file	with th	e	
		'Drpd	rat	10n	<u>5c</u>	rvla	<u> </u>	Impo.	M
•		1201 H	ays S	Freet				•	l
_		Talahass	ce	FL.	3230	(
6. The name and st (if changed): —	reet address o	of the new regis	stered ager	it (if chang	ged) and	or registered	l offices	OF JUL 17 E	FILED
_		(P.O. Box NO	T acceptable)	aklano	L Par		<u>レ</u>	E. F. O. F.	ig: 00
_		Oakla		url	FL	33311	—	DA.	
The street address as changed will be	of its registe identical.	red office and	the street	address of	the bus	iness office	of its re	gistered'agent	Ļ,
Such change was authorized by the	authorized by board, or the	y resolution du corporation ha	ly adopted as been no	l by its bo tified in w	ard of di riting o	rectors or b	y an offi ·	icer so	
Asignature	Lette of an officer or di	Rude Perde	t		Coy (Hrint	D. SJ+	and title)	President	+
I hereby accept th I further agree to of my duties, and a document is being corporation has b	e appointme comply with I am familian filed merely een notified	nt as registered the provisions with and acce to reflect a ch in writing of th	l agent an of all stat of the obl ange in th is change	d agree to utes relati igation of e register	act in to ve to the my posi ed office	his capacity proper and tion as regis address, I h	comple tered ag ereby c	te performanc zent. Or, if th onfirm that th	ce is e
	/ Mith	<u>/_</u> 				7/11/0	6		
	ture of Registered	-	_ 			(Date)			
If signing on beha	lf of an entit	y:							
(Тур	ed or Printed Nan	ne)							

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

* * * FILING FEE: \$35.00 * * *