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## **COVER LETTER**

TO: Amendment Section Division of Corporations SUBJECT:\_ The Track - Strengthening & Conditioning, Inc. Name of Corporation P05000154051 The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Stan B. Morris Name of Contact Person The Track - Strengthening & Conditioning, Inc. Firm/Company 475 Friendship Drive Orlando, Florida 32835 City/State and Zip Code thetracksc@bellsouth.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Stan B. Morris Name of Contact Person

Enclosed is a \$35.00 check made payable to the Department 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	nge is submitted for a corpord	92, 617.0502, 607.1508, or 617.1508, Florid ation organized under the laws of the State o ce or registered agent, or both, in the State o	f Florida	
		- Strengthening & Conditioning	, Inc.	
	office address: 475 Friend FL 32835	dship Drive		
3. The mailing a	address (if different):			
4. Date of incorp	poration/qualification: 11/18	8/2005 Document number: P050	000154051	
	d street address of the current returnent of State: (If resigned, en	registered agent and registered office on file nter resigned)	with the	
	Cassandra Morris			
	475 Friendship Drive	·		
	Orlando, FL 32835			
6. The name and (if changed):	d street address of the new reg	istered agent (if changed) and /or registered	NOT NOV 13	T
	Stan B. Morris		_ =	
	475 Friendship Drive			<u> </u>
	Orlando, FL 32835	P.O. Box. NOT acceptable		_
The street addre	ess of its registered office and be identical.	the street address of the business office of	its registered agen	t,
Such change wa authorized by th	as authorized by resolution du ne board, or the corporation h	aly adopted by its board of directors or by a as been notified in writing of the change.	n officer so	
Cassandra Morris, Administrator Signature of an officer or director  Printed or typed name and title				
I further agrée i performance of agent. Or/if thi	to comply with the provisions my duties, and I am familiar is document is being filed mer	d agent and agree to act in this capacity. of all statutes relative to the proper and ca with and accept the obligation of my positi rely to reflect a change in the registered off n notified in writing of this change.	omnlete	
1	1. Mars	November 9, 2017		
	half of an ontitue	Date		
Stan B. Moi	half of an entity:			
	yped or Printed Name	<del></del>		

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