(Requestor's Name) (Address)	50013328
(Address)	
(City/State/Zip/Phone #)	07/23/080100
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(Document Number)	N Sk
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COVER LETTER

DIVISION	of Corporations			
SUBJECT:	Gym Bud	ddies Inc.		
~~ <u>~~~</u>	(Name of C	orporation)		
DOCUMENT NU	JMBER:_P06000073352			
The enclosed State	ement of Change of Registered Offic	e/Agent and fee are submitted for filing.		
Please return all co	orrespondence concerning this matte	r to the following:		
Lisa Huston				
(Name of Contact Person)				
	Gym Buddies Inc. (Firm/Company)			
	(I IIII C	ompany)		
	300 Par	tridge Lane		
(Address)				
_	Longwood, Florida 32779			
	(City/State a	nd Zip Code)		
For further inform	ation concerning this matter, please	call:		
	Lisa Huston	at (407) 671-3030 (Area Code & Daytime Telephone Number)		
(Na	ame of Contact Person)	(Area Code & Daytime Telephone Number)		
Enclosed is a \$35.	00 check made payable to the Depar	tment of State.		
	Mailing Address: Amendment Section	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

TO:

Amendment Section

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

statement of cha	provisions of sections 607.0502, 617.0502, nge is submitted for a corporation organiz	ed under the laws of the State of Flo	rida	
in orde	r to change its registered office or register	ed agent, or both, in the State of Flor	ida.	
1. The name of	he corporation: Gym Buddies Inc.	· · · · · · · · · · · · · · · · · · ·		
2. The principal	office address: 300 Partridge Lane, Longv	vood, Fl. 32779		
3. The mailing a	ddress (if different):			
4. Date of incorp	poration/qualification: 5/25/06	Document number:P0600	0073352	
	d street address of the current registered age trnent of State:	ent and registered office on file with t	he	
	Marianne Huston	, , , , , , , , , , , , , , , , , , , ,		
	801 International Parkway, 5th F	Floor		
	Lake Mary, Fl. 32746		2篇 XE	
6. The name and (if changed):	d street address of the new registered agent	(if changed) and /or registered office	2000 JUL 23 AM II: 2. SECRETARY OF STATE TALLAHASSEE. FLORI	
	Lisa Huston			
	300 Partridge Lane		STA STA	
	(P.O. Box NOT acceptable)		음을 2	
	Longwood, Fl. 32779		₽	
The street addr as changed will	ess of its registered office and the street a be identical.	ddress of the business office of its r	egistered agent,	
Such change wanthorized by the	as authorized by resolution duly adopted he board, or the corporation has been not	by its board of directors or by an of ified in writing of the change.	ficer so	
<u>Maria</u> (Signat	une Huston ure of an officer or director)	Marianne Huston, Treasure	:r	
I hereby accept I further agree of my duties, ar document is be corporation ha	the appointment as registered agent and to comply with the provisions of all statu Id I am familiar with and accept the oblis ing filed merely to reflect a change in the s been notified in writing of this change.	l agree to act in this capacity. tes relative to the proper and compl gation of my position as registered a registered office address, I hereby	ete performance agent. Or, if this confirm that the	
Lisa	Huston	7-16-08		
	gnature of Registered Agent)	(Date)		
,	chalf of an entity:			
Lisa	Huston Typed or Printed Name)			
* * * FILING FEE: \$35.00 * * *				

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)