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(City/State/Zip/Phone #)

☐ MAIL

(Business Entity Name)

(Document Number)

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SHERIFF, FLORIDA  
JAIL APOEE, FLORIDA

SEP 10 PM 2:56

THE

SEP 17 2014

C. CARROTHERS

**COVER LETTER**

**FILED**

TO: Amendment Section  
Division of Corporations

14 SEP 10 PM 2:59

NAME OF CORPORATION: Rock Fitness Inc.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT NUMBER: P08000031530

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jessica Bicknell

Name of Contact Person

Firm/ Company

P.O. Box 307

Address

Lake City, FL 32056

City/ State and Zip Code

dcm0delz9@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jessica Bicknell

Name of Contact Person

at ( 386 ) 292-0601

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |   |  |   |  |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>is enclosed) |
|---|--|---|--|

**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

Articles of Amendment  
to  
Articles of Incorporation  
of

Rock Fitness Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

P08000031530

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

*The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

**B. Enter new principal office address, if applicable:**

(Principal office address **MUST BE A STREET ADDRESS**)

**C. Enter new mailing address, if applicable:**

(Mailing address **MAY BE A POST OFFICE BOX**)

P.O. Box 307

Lake City, FL 32056

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent Richard Bicknell

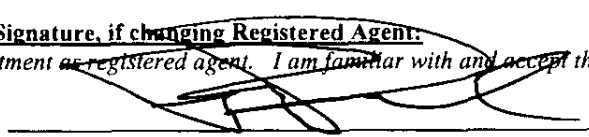
1191 SE Bascom Norris Drive

(Florida street address)

New Registered Office Address: Lake City, Florida 32025  
(City) (Zip Code)

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

  
Signature of New Registered Agent, if changing

(Attach additional sheets, if necessary)

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.

**Example:**

X Add	SV	Sally Smith
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### Address

1191 SW Bascom Norris Dr

Lake City, FL 32025

\_\_\_\_\_

1191 SW Bascom Norris Dr

Lake City, FL 32025

100

P.O. Box 307

Lake City, FL 32056

\_\_\_\_\_

P.O. Box 307

Lake City, FL 32056

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Age Group	Gender	Percentage (%)
18-29	Male	~15
18-29	Female	~25
30-49	Male	~25
30-49	Female	~35
50-69	Male	~45
50-69	Female	~55
70+	Male	~65
70+	Female	~75

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Attach additional sheets, if necessary). (Be specific)

(Attach additional sheets, if necessary). (Be specific)

(if not applicable, indicate N/A)

(if not applicable, indicate N/A)

The date of each amendment(s) adoption: 09/01/2015, if other than the date this document was signed.

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

**Adoption of Amendment(s) (CHECK ONE)**

☒ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement 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)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 9/02/2014

Signature \_\_\_\_\_

(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Micah Linton

(Typed or printed name of person signing)

President

(Title of person signing)