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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION:	OUT FITNESS FOR HER INC
DOCUMENT NUMBER: POSOO	0066783
The enclosed Articles of Amendment and fee are sub-	nitted for filing.
Please return all correspondence concerning this matter	er to the following:
Vicole F (Name of Conta	1. Patrivo (ct Person)
TUSIDE OUT FINES (Firm/Com	S FOR HER FAC
2991 St. Cut	DIE ST.
Missimmet F. (City/ State and	84746 Zin Code)
For further information concerning this matter, please	
Nicole A. Parino a (Name of Contact Person)	t ( <u>315</u> ) 491 9436 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount made pa	yable to the Florida Department of State:
\$35 Filing Fee \$35 Status \$43.75 Filing Fee & Certificate of Status	\$\frac{1}{3}\$43.75 Filing Fee &  \$\sum \text{\$\sum \text{\$\sin \text{\$\sum \text{\$\sin \tex
Amendment Section A	treet Address mendment Section ivision of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation

FILED

2008 OCT 16 AH II: 40

TALLAHASSEE 5 JAKE

OI .	T-CAGAORY OF
INSIDE OUT FITNESS FOR HER.	INC ASSEE, FLOOR
(Name of Corporation as currently filed with the Florida Dept. of S	$\frac{State}{f}$
P08000066783	
(Document Number of Corporation (if known)	

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

A. If amending name, enter the new name	e of the corporation:	
TUBLINE QUET 7	FITNESS CUB FNC.	
The new name must be distinguishable "incorporated" or the abbreviation "Corp. "Co". A professional corporation na association," or the abbreviation "P.A."	and contain the word "corporation," "," "Inc.," or Co.," or the designation "C	Corp," "Inc," or
B. Enter new principal office address, if a (Principal office address MUST BE A STRE		
C. Enter new mailing address, if applicab (Mailing address MAY BE A POST OF)		
D. If amending the registered agent and/or new registered agent and/or the new re		r the name of th
Name of New Registered Agent:		
New Registered Office Address:	(Florida street address)	•
	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if chan I hereby accept the appointment as register position.	nging Registered Agent:  red agent. I am familiar with and accept	the obligations
	Signature of New Registered Agent, if chan	ging

## If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added: (Attach additional sheets, if necessary) Type of Action <u>Title</u> <u>Address</u> <u>Name</u> ☐ Add ☐ Remove ☐ Add ☐ Remove ☐ Add ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

Th	he date of each amendment(s)	adoption:	10-14-08	
Eff	ffective date if applicable:	N./A		
	(1	no more than 90 days aft	(ter amendment file date)	
Ad	doption of Amendment(s)	(CHECK ON	<u>√E</u> )	
×	The amendment(s) was/were a by the shareholders was/were	adopted by the sharehold sufficient for approval.	ders. The number of votes cast for the	amendme
Q			olders through voting groups. The followitiled to vote separately on the amenda	
	"The number of votes cas	st for the amendment(s) v	was were sufficient for approval	
	by			
	(v	oting group)		
	The amendment(s) was/were a action was not required.	adopted by the board of o	directors without shareholder action as	nd shareho
	The amendment(s) was/were a action was not required.	adopted by the incorpora	ators without shareholder action and sh	areholder
	Dated	10/14/08	<u> </u>	
	Signature	mole	Caturo.	
	selecte		ner officer – if directors or officers hav if in the hands of a receiver, trustee, or luciary)	
	_	Nicol	LE A PATINO	
		(Typed or prir	nted name of person signing)	
		Per	ESIDENT	
	_	(Title o	of person signing)	_