

P080000083828

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

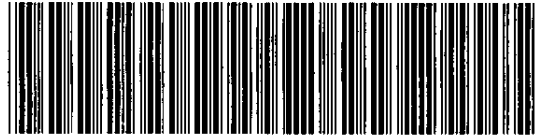
(Document Number)

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05/05/09--01013--006 \*\*10.00

04/20/09--01019--026 \*\*25.00

FILED

09 APR 20 AM 9:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. KOHR

MAY - 5 2009

EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 22, 2009

JAY NICHOLS  
JAKE FIT INC  
3402 BROOKSHIRE COURT  
TAMPA, FL 33618

SUBJECT: JAKE FIT INC  
Ref. Number: P08000083828

FILED  
09 APR 20 AM 9:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for JAKE FIT INC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note that we have RETAINED your \$25.00 payment.

We apologize for our confusing forms, but the amendment form that you have submitted can only be used by limited liability companies.

Because you have a corporation, we must ask you to please complete and submit one of our CORPORATION AMENDMENT forms.

ALSO, because the corporation law is different, the fee is also different. The corporation amendment fee is \$35.00.

Please complete and sign the enclosed AMENDMENT form and return it with a check for an ADDITIONAL \$10.00. You may use the enclosed self-addressed envelope.

ALSO, PLEASE note that I have reserved the name "JAKE FITNESS INCORPORATED" so that no one else can use it while you are in the process of returning your form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6914.

Buck Kohr  
Regulatory Specialist II

Letter Number: 909A00013503

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: JAKE FIT INC.  
(Name of Limited Liability Company)

FILED  
09 APR 20 AM 9:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JAY NICHOLS  
(Name of Person)

JAKE FIT INC.  
(Firm/Company)

3402 BROOKSHIRE CT  
(Address)

TAMPA FL 33618  
(City/State and Zip Code)

For further information concerning this matter, please call:

JAY NICHOLS at (813) 786-9664  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☒ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

### MAILING ADDRESS:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

### STREET/COURIER ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

FILED  
09 APR 20 AM 9:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**NAME OF CORPORATION:** JAKE FIT INC.

**DOCUMENT NUMBER:** POB0000B3B20

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

Please return all correspondence concerning this matter to the following:

JAY C NICHOLS  
(Name of Contact Person)

JAKE FIT INC.  
(Firm/ Company)

3402 BRUSKSHIRE CT  
(Address)

TAMPA FL 33618  
(City/ State and Zip Code)

For further information concerning this matter, please call:

JAY C NICHOLS at ( 813 ) 786-9664  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

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

☐ \$35 Filing Fee

☐ \$43.75 Filing Fee &  
Certificate of Status

☐ \$43.75 Filing Fee &  
Certified Copy  
(Additional copy is  
enclosed)

☐ \$52.50 Filing Fee  
Certificate of Status  
Certified Copy  
(Additional Copy  
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

JAKE FIT INC

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

PO8000083828

(Document Number of Corporation (if known))

FILED  
09 APR 20 AM 9:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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:**

JAKE FITNESS INCORPORATED

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)

**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:

New Registered Office Address:

(Florida street address)

(City)

, Florida

(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

**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)*

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

**E. If amending or adding additional Articles, enter change(s) here:**

*(attach additional sheets, if necessary). (Be specific)*

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**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)*

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The date of each amendment(s) adoption: \_\_\_\_\_

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 4/25/09

Signature J. C. Nichols  
(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)

Jay C Nichols  
(Typed or printed name of person signing)

President  
(Title of person signing)