PD8000109403

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	. WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer	·
Special instructions to	rining Officer.	





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12/02/16--01014--015 **35.00



Amend

DEC - 5 2016 I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORAT	•	ss Hoath an	d Fituess
DOCUMENT NUMBER	: <u>P080001</u>	109403	
The enclosed Articles of A	mendment and fee are sub	omitted for filing.	
Please return all correspond	dence concerning this mat	ter to the following:	
; 	Expres 1045 Hw Defublak	Name of Contact Person S Health and Firm/ Company Address City/ State and Zip Code Health and Fired for future annual report is	d Fitness it A 1132435
For further information cor)_520-4659
Name of Co	ontact Person	Area Coo	le & Daytime Telephone Number
Enclosed is a check for the	following amount made p	payable to the Florida Depar	rtment of State:
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	Address ent Section		Address ment Section

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

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

Articles of Amendment to Articles of Incorporation of

Express Heal- (Name of Corporat	tion as currently file	Fituess ed with the Florida Dept. o	State)	
(Docu	ment Number of Cor	rporation (if known)	0440100	3
Pursuant to the provisions of section 607.1006, Floric its Articles of Incorporation:		•	ts the following ame	ndment(s) to
A. If amending name, enter the new name of the c	orporation:			
N/A			The	new
name must be distinguishable and contain the wo "Corp.," "Inc.," or Co.," or the designation "Corpword "chartered," "professional association," or the	p," "Inc," or "Co".	. A professional corporatio		
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD)		N/A		_
	_		2816 57	_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>ox</u>) _	NJA	ORETA SEE F	
D. If amending the registered agent and/or registored new registered agent and/or the new registered		in Florida, enter the name o	75 F	
Name of New Registered Agent	NA			
	(Florida street a	ddress)		
New Registered Office Address:		, FI	lorida	
	(City	<i>')</i>	(Zip Code)	
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent.		and accept the obligations of	f the position.	
·	NA			
Sia	nature of New Regis	tered 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)

Please note the officer/director title by the first letter of the office title:

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.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

	ample: Change	PT	John Do	<u>e</u>	
<u>X</u>	Remove	<u>v</u>	Mike Jor	<u>nes</u>	
<u>X</u>	Add	<u>sv</u>	Sally Sm	<u>úth</u>	
	pe of Action neck One)	<u>Title</u>		Name	Address
	Change	9		Mallory, McDonald S	415 318+
	Add			, , , , , , , , , , , , , , , , , , , ,	Street
;	Remove				Nicollath 32578
2) .	Change		_		
	Add				
	Remove				and the second state of th
3)	Change		_		
	Add	•			
	Remove				
4)	Change		_		
	Add				
	Remove				
5)	Change		_		
	Add				
	Remove				
,					
6)	Change				
	Add				
	Remove				