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C. COLETY

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: BIG FOOT FITNE	SS INC.	<u></u>
DOCUMENT NUMI	BER:		
	of Amendment and fee are sub	omitted for filing.	
Please return all corre	spondence concerning this mat	ter to the following:	
	WENDY SHAFRANSKI		
		Name of Contact Person	1
	BIG FOOT FITNESS INC.		
		Firm/ Company	
	760 8TH COURT, SUITE 4	, iiii, company	
		Address	
	VERO BEACH, FL 32960		
		City/ State and Zip Cod	e
conta	ct@verostrength.com		
	-	ed for future annual report	notification)
For further informatio	n concerning this matter, pleas	e call:	
WENDY SHAFRANSKI		772 at (584-3745
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made p	payable to the Florida Depa	artment 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, F1, 32314		Amend Divisio Clifton	Address Iment Section on of Corporations I Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

of

BIG FOOT FITNESS INC.

(Name of Corporation as curren	
(Traine of Corporation a., Carre	ntly filed with the Florida Dept. of State)
Ч9000006282	
(Document Number	r of Corporation (if known)
ursuant to the provisions of section 607.1006, Florida Statutes, the Articles of Incorporation:	nis Florida Profit Corporation adopts the following amendment(s)
. If amending name, enter the new name of the corporation:	
	The new
ame must be distinguishable and contain the word "corporal Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or ord "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u>)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	• • • • • • • • • • • • • • • • • • • •
If amending the registered agent and/or registered office adnew registered agent and/or the new registered office address.	
Name of New Registered Agent	
(Florida	street address)
New Registered Office Address:	street address) , Florida

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.

Example: X Change	<u>PT</u>	John Do	<u>e</u>			
X Remove	<u>v</u>	Mike Jones				
X Add	<u>sv</u>	Sally Smith				
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s		
1) Change	V		ROBERT DELACRUZ	2095 31ST AVENUE		
X Add		_		VERO BEACH, FL 32960		
Remove						
2) Change		_				
Add						
Remove						
3) Change		_				
Add						
Remove						
4) Change		_		, <u></u>		
Add						
Remove						
5) Change						
Add						
Remove						
6) Change						
Add						
Remove						

. If amending or adding additional Ar	ticles, enter change(s) here:
(Attach additional sheets, if necessary).	. (Be specific)
I/A	
-	
16	
nrovisions for implementing the am	change, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	211211211 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
VA	

<u> </u>	

The date of each amendment		, if other than the
date this document was signed.		
Effective date if applicable:	NOVEMBER 18, 2019	
<u></u>	(no more than 90 days after amendment file date)	
	his block does not meet the applicable statutory filing requirements, this date be Department of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the amendment(s) are sufficient for approval.	
	e approved by the shareholders through voting groups. The following statemen d for each voting group entitled to vote separately on the amendment(s):	t
"The number of votes	cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/wer action was not required.	e adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/wer action was not required.	e adopted by the incorporators without shareholder action and shareholder	
Dated	120/19 Cof	
	/ / '	
Signature	y a director, president or other officer – if directors or officers have not been	
se	y a director, president or other officer – if directors or officers have not been ledted, by an incorporator – if in the hands of a receiver, trustee, or other court pointed tiduciary by that fiduciary)	
,	WENDY SHAFRANSKI	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	