Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : NATIONS BUSINESS CENTER, INC.

Account Number : I20000000238 Phone : (305)591~9448 Fax Number : (954)753-3447

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. 🖟

Email Address:

COR AMND/RESTATE/CORRECT OF O/D RESIGN A.V.T.I., INC.

| Certificate of Status | | 0 | |
|-----------------------|--|---------|--|
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Electronic Filing Menu

Corporate Filing Menu

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5/15/2012 •

Articles of Amendment to Articles of Incorporation of

| A.V.1.I., INC. | | | | - |
|---|---|---|------------------------------------|---------------|
| Nume of Corporation as correctly 1 P09000036229 | iled with the Florida | <u>Dept. of State</u>) | | |
| | f Corporation (if known |) | | i |
| Pursuant to the provisions of section 607.1006, Florid its Articles of Incorporation: | la Statutes, this <i>Florida</i> | Profit Corporation add | opis the following | g amendment(s |
| A. If amonding name, enter the new name of the c | orporation: | | | |
| CrossFit Hammocks, Inc. | _ | | | The new |
| name must be distinguishable and contain the wo. "Corp.," "Inc.," or Co.," or the designation "Corpword "chartered," "professional association," or the | o," "Inc," or "Co". A | mpany," or "incorpor I professional corporat | ated" or the ab ion name must c | ontain the |
| B. Enter new principal office address, if applicable | | | | |
| (Principal office address <u>MUST BE A STREET ADDRESS</u>) | DRESS) | | | |
| | | • | | |
| | | | | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO | 9 Y) | | | |
| maning and his man he had the track | <u> </u> | | Take Supplement | る。 |
| | | | | 3 100 |
| | | | | - 23 |
| D. If amending the registered agent and/or registe | red office address in I | <u> </u> | of the | CI Promise |
| new registered agent and/or the new registered | office address: | | | 王门 |
| Name of New Registered Agent | · | | | ₹ 5 # |
| | | | | 36 |
| | (Florida street addr | ess) | <u></u> | |
| New Registered Office Address. | #0:- I | Florida_ | | |
| | (City) | | (Zip Code) | |
| New Registered Agent's Signature, if changing Res I hereby accept the appointment as registered agent. | vistered Agent: I am familiar with and | accept the obligations | of the position. | |
| Signature of N | ew Registered Agent, if | chaminy | | |
| ingliatore by the | on rangimental rigera, g | ······································ | | |

| The date-of each amendment(s) adoption: 5/11/12 |
|--|
| Effective date if applicable: |
| (speciment than 100 diagrams amount the diagrams) |
| 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 |
| |
| (sound Super) |
| The amendment(s) was/were adopted by the board of directors without shareholder action was not required. |
| The amendment(s) was/were adopted by the incorporators without shareholder act on and shareholder action was not required. |
| Dated MAY, 11TH, 2012 |
| Signature |
| (By a director, provident 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) |
| JOSE F. NODARSE |
| (Typed or printed name of person signing) |
| PRESIDENT |
| (Title of person signing) |