# P10000003228

| questor's Name)                         |                                                                                           |  |
|-----------------------------------------|-------------------------------------------------------------------------------------------|--|
| dress)                                  |                                                                                           |  |
| dress)                                  |                                                                                           |  |
| y/State/Zip/Phone                       | e #)                                                                                      |  |
| WAIT                                    | MAIL.                                                                                     |  |
| siness Entity Nan                       | ne)                                                                                       |  |
| (Document Number)                       |                                                                                           |  |
| Certificates                            | s of Status                                                                               |  |
| Special Instructions to Filing Officer: |                                                                                           |  |
|                                         |                                                                                           |  |
|                                         |                                                                                           |  |
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|                                         | dress)  dress)  y/State/Zip/Phone  WAIT  siness Entity Narr  cument Number)  Certificates |  |

Office Use Only



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N.C.

C.COULLIETTE

NOV 08 2010

**EXAMINER** 

### **COVER LETTER**

TO: Amendment Section, Division of Corporations

| NAME OF CORPORA                                                            | ATION: FITNESS                             | INNOVATION TECHNOLOGIES,INC                                                                                                                                         |  |  |
|----------------------------------------------------------------------------|--------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| DOCUMENT NUMBI                                                             | MBER: P10000003228                         |                                                                                                                                                                     |  |  |
| The enclosed Articles o                                                    | f Amendment and fee ar                     | e submitted for filing.                                                                                                                                             |  |  |
| Please return all corresp                                                  | ondence concerning this                    | matter to the following:                                                                                                                                            |  |  |
|                                                                            |                                            | DEREK                                                                                                                                                               |  |  |
|                                                                            | Na                                         | me of Contact Person                                                                                                                                                |  |  |
| <u></u>                                                                    | FITNESS INN                                | OVATION TECHNOLOGIES                                                                                                                                                |  |  |
|                                                                            |                                            | Firm/ Company                                                                                                                                                       |  |  |
| <del></del>                                                                | 3558 T                                     | ABERNACLE PLACE Address                                                                                                                                             |  |  |
|                                                                            |                                            | Addices                                                                                                                                                             |  |  |
|                                                                            |                                            | PA/FLORIDA 33607<br>y/ State and Zip Code                                                                                                                           |  |  |
|                                                                            |                                            | SS@GMAIL.COM for future annual report notification)                                                                                                                 |  |  |
| For further information                                                    | concerning this matter,                    | please call:                                                                                                                                                        |  |  |
|                                                                            | K JAMISON<br>ontact Person                 | at ( 813 ) 482-6565  Area Code & Daytime Telephone Number                                                                                                           |  |  |
| Enclosed is a check for                                                    | the following amount m                     | ade payable to the Florida Department of State:                                                                                                                     |  |  |
| ☑ \$35 Filing Fee [                                                        | \$43.75 Filing Fee & Certificate of Status | ☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee Certified Copy (Additional copy is enclosed)  ☐ \$52.50 Filing Fee Certificate of Statu Certified Copy (Additional Copy |  |  |
| Mailing Address Amendment Se Division of Coo P.O. Box 6327 Tallahassee, FL | ction<br>porations                         | Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301                                       |  |  |

#### Articles of Amendment to Articles of Incorporation of

## FITNESS INNOVATION TECHNOLOGIES, INC

| (Name of Corporation as curre                                                                                                                | nthy filed with the Florida Dan                                 | t of Clata)                             |                       |                  |
|----------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|-----------------------------------------|-----------------------|------------------|
|                                                                                                                                              |                                                                 | i. of State)                            |                       |                  |
| <del></del>                                                                                                                                  | 000003228                                                       |                                         |                       |                  |
| (Document Num                                                                                                                                | ber of Corporation (if known)                                   |                                         |                       |                  |
| Pursuant to the provisions of section 607.1006 amendment(s) to its Articles of Incorporation:                                                | 6, Florida Statutes, this <i>Florida</i>                        | Profit Corporation ado                  | pts the follow        | ving             |
| A. If amending name, enter the new name of                                                                                                   | the corporation:                                                |                                         |                       |                  |
| FINIS                                                                                                                                        | H FIRST, INC                                                    |                                         | The new               |                  |
| name must be distinguishable and contain t<br>abbreviation "Corp.," "Inc.," or Co.," or the<br>name must contain the word "chartered," "proj | designation "Corp," "Inc," or fessional association," or the ab | "Co". A professional c                  | corporation           | NOISIVIE         |
| B. Enter new principal office address, if app<br>(Principal office address MUST BE A STREE                                                   |                                                                 |                                         | - ₹                   | <u> </u>         |
| (Francipul office undress WOST BE A STREE                                                                                                    | I ADDRESS )                                                     |                                         | - 40N O               | 22               |
|                                                                                                                                              |                                                                 |                                         | œ                     | 23               |
|                                                                                                                                              |                                                                 | · · · · · · · · · · · · · · · · · · ·   | - <u>P</u>            | <b>编</b> 与       |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFF)                                                             |                                                                 |                                         | 5: 46                 | SIAIE<br>DRATION |
| D. If amending the registered agent and/or r                                                                                                 |                                                                 | ida, enter the name of                  | <br>_<br>( <u>lhe</u> | 170              |
| new registered agent and/or the new regis                                                                                                    | stered office address:                                          |                                         |                       |                  |
| Name of New Registered Agent:                                                                                                                |                                                                 |                                         |                       |                  |
|                                                                                                                                              |                                                                 |                                         |                       |                  |
| New Registered Office Address:                                                                                                               | (Florida street addres                                          | s)                                      |                       |                  |
|                                                                                                                                              | •                                                               | , Florida                               |                       |                  |
|                                                                                                                                              | (City)                                                          | (Zip Code)                              |                       |                  |
|                                                                                                                                              |                                                                 |                                         |                       |                  |
| New Registered Agent's Signature, if changing I hereby accept the appointment as registered a                                                |                                                                 | cept the obligations of th              | ie position.          |                  |
|                                                                                                                                              | gy                                                              |                                         | *                     |                  |
|                                                                                                                                              | ignature of New Registered Agei                                 | nt if changing                          |                       |                  |
|                                                                                                                                              | .g = 0) = 1.0gm, 00 11g0                                        | ··· y •··•····························· |                       |                  |

# 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) **Title** Name Address **Type of Action** \_\_\_\_\_ 🗖 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)

| The date of each amendment(s) adoption: 10/1/2010  |                                                                                                                                                                                                           |  |
|----------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Effective date <u>if applicable</u> :              | (date of adoption is required)                                                                                                                                                                            |  |
| ,                                                  | (no more than 90 days after amendment file date)                                                                                                                                                          |  |
| Adoption of Amendment(s)                           | (CHECK ONE)                                                                                                                                                                                               |  |
| The amendment(s) was/we by the shareholders was/we | re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.                                                                                                |  |
|                                                    | re approved by the shareholders through voting groups. The following statemened 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)                                                                                                                                                                                            |  |
|                                                    | (voting group)                                                                                                                                                                                            |  |
| The amendment(s) was/we action was not required.   | ere adopted by the board of directors without shareholder action and shareholder                                                                                                                          |  |
| The amendment(s) was/we action was not required.   | ere adopted by the incorporators without shareholder action and shareholder                                                                                                                               |  |
| sel                                                | v a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary) |  |
| арр                                                | somed inductory by that inductory)                                                                                                                                                                        |  |
|                                                    | DEREK JAMISON                                                                                                                                                                                             |  |
|                                                    | (Typed or printed name of person signing)                                                                                                                                                                 |  |
| •                                                  | <u>LED</u> OWNER                                                                                                                                                                                          |  |
| •                                                  | (Title of person signing)                                                                                                                                                                                 |  |