## P10000020396

(Ro	equestor's Name)				
•	,				
(Ac	ddress)				
(A	ddress)				
(C	ity/State/Zip/Phon	e #1)			
(0)	ny/otate/Zip/r horr	о н <sub>)</sub>			
PICK-UP	TIAW	MAIL			
(Bi	usiness Entity Nar	me)			
(Document Number)					
(D	ocument Number,	l			
Certified Copies	Certificates	s of Status			
Special Instructions to Filing Officer:					

Office Use Only



000188239220

12/07/10--01009--001 \*\*35.00

Honerd Thurs 12-20-10

#### COVER LETTER

· TO: Amendment Section

**Division of Corporations** 

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations Your Best fit NAME OF CORPORATION: \_ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Wistine King
Name of Contact Person you Best Lit Inc 562 E. Woolbright Rd, Ste 107 Boyntan Beach, FZ 33435 City/State and Zip Code Christine, your best fit a amail E-mail address: (to be used for future annual report nonficacyon) For further information concerning this matter, please call: Name of Contact Person at (56) 866 9068

Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: ■\$43.75 Filing Fee & □ \$52.50 Filing Fee \$35 Filing Fee ☐ \$43.75 Filing Fee & Certified Copy Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) (Additional Copy is enclosed) **Street Address Mailing Address** Amendment Section Amendment Section **Division of Corporations** 

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle



562 E. Woolbright Rd., Suite 107 Boynton Beach, FL 33435

Phone: 561.866-9068 Fax: 561.736.2755

December 3, 2010

To Whom It May Concern:

Enclosed please find Amendment documents for the corporation Your Best Fit Inc.

If you have any questions please do not hesitate to reach me at 561-866-9068 or

562 E. Woolbright Rd., Ste. 107 Boynton Beach, FL 33435

Sincerely,

Christine King

President



RECEIVED 10 DEC 20 AM 8: 04

# FLORIDA DEPARTMENT OF STATE Division of Corporations TALLAFIASSEE, FLORIDA

December 8, 2010

CHRISTINE KING YOUR BEST FIT INC. 572 E. WOOLBRIGHT ROAD, SUITE 107 BOYNTON BEACH, FL 33435

SUBJECT: YOUR BEST FIT INC. Ref. Number: P10000020396

We have received your document for YOUR BEST FIT INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Page (3) must be completed before the document can be processed.

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) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 210A00028501

#### **Articles of Amendment**

to Articles of Incorporation

•	of	•		7010 × 1.E
Your Best F	it the.		72	SECON SID
(Name of Corporation as cu		the Florida Dept. o	f State)	CASSIAN DI
P10000020	396			RECEIVED TO DEL
(Document N	umber of Corpora	tion (if known)		ELAFFIARY OF 4:
Pursuant to the provisions of section 607.1 imendment(s) to its Articles of Incorporation		ntes, this Florida Pro	ofit Corporati	ion adopts the following
A. If amending name, enter the new name	of the corporation	on:		
				The new
name must be distinguishable and contai abbreviation "Corp.," "Inc.," or Co.," or i name must contain the word "chartered," "p	the designation "C	Corp," "Inc," or "Co	o". A profes:	sional corporation
3. Enter new principal office address, if a Principal office address <u>MUST BE A STRI</u>		562 E. Ste. 10 Boynton	Woollar	ight Rd.
		Boynton,	Beach	
C. Enter new mailing address, if applicate (Mailing address MAY BE A POST OF)				
				<del></del>
<ol> <li>If amending the registered agent and/o new registered agent and/or the new re</li> </ol>			, enter the na	me of the
Name of New Registered Agent:	11.2 6	tine King Woolbright	101 54	. 107
New Registered Office Address:	542 E.	rida street ad <b>ar</b> ess) –		
	Boyntan (City	, Beach	Florida (Zip Code)	a 33435
New Registered Agent's Signature, if chan	ging Registered	Agent:	ear bloom	-Calouidiou
hereby accept the appointment as registered	d agent. Lam fair	nitiar with and accept	tne obligatio	ns oj ine position.
_	Signature of Nev	v Registered Agent. ij	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) Title Type of Action Address Name Regina Pineus Christine King 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:	Decen	ber !	2010
Effective date if applicable:	(date of adoptio	n is required) MDEA	2010
(no more than 9	00 days after amend		
Adoption of Amendment(s) (CF	IECK ONE)		
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for		number of vo	tes cast for the amendment(s)
The amendment(s) was/were approved by the must be separately provided for each voting			
"The number of votes cast for the amen	dment(s) was/were	sufficient for	approval
by			
(voting group)			
The amendment(s) was/were adopted by the action was not required.	board of directors	without sharel	holder action and shareholder
The amendment(s) was/were adopted by the action was not required.	incorporators with	out shareholde	er action and shareholder
Dated			
Signature  (By a director, bresic selected, by an incor appointed fiduciary	porator = if in the l	r – if directors nands of a rece	or officers have not been iver, trustee, or other court
Chris	hae M. ped or printed nam	King	uning)
Prasi	f person signing)	e or bothou sig	