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FILED SECRETARY OF STATE TALLAHASSEE: FLORIDA

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## **COVER LETTER**

TO: Amendment Section

Tallahassee, FL 32314

**Division of Corporations** NAME OF CORPORATION: 24/7 Fitness, COYD DOCUMENT NUMBER: <u>P100000 8 1659</u> The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Don Buckner Name of Contact Person 24/7 Fitness Corp 27149 HWY 33 OKANUM DKA FL 34762

City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: ☐ \$43.75 Filing Fee & ☐ \$35 Filing Fee ■ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations -Division of Corporations P.O. Box 6327 Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation

| of Jon 194   | 4    |
|--|------|
| Of  24/7 Fitness, Corp  (Name of Corporation as currently filed with the Florida Dept. of State)   | CC   |
| (Name of Corporation as currently filed with the Florida Dept. of State)   | ,    |
| P 100000 81659   | ×. { |
| (Document Number of Corporation (if known)   |      |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the follow amendment(s) to its Articles of Incorporation:  | ing  |
| A. If amending name, enter the new name of the corporation:  |      |
| The new  |      |
| name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." |      |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)  |      |
| (Timelput Office uturess MOST DE A STRUCT ADDRESS)   |      |
| ·  |      |
|  |      |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  |      |
| (Mulling undress MAT BE A POST OFFICE BOX)   |      |
|  |      |
|  |      |
| D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:  |      |
| Name of New Registered Agent: Don M. Buckner, Sf.  |      |
| 27149 HWY 33   |      |
| New Registered Office Address: (Florida street address)  |      |
| <u>Okahump (2006)</u> , Florida <u>34762</u><br>(City) (Zip Code)  |      |
| New Registered Agent's Signature, if changing Registered Agent:  |      |
| I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.  |      |
| Motor  |      |
| Signature of New Registered 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)

| <u>Title</u>       | <u>Name</u>  | Address  | Type of Action                               |
|--------------------|--|--|--|
| <u>Pres</u>        | Don M. Buckner, Sr.  | 271 <b>49</b> Hwy 33<br>Okohumpka, FL<br>34762 | _ ☑ Add<br>_ □ Remove                        |
| <u> V P</u>        | Joshua Miller  | 21149 Hwy 33<br>Okahumpka, FL<br>34762         | _ ☑ Add to VP<br>□ ☑ Remove from Pres        |
| S <u>ec/Trea</u> s | Jennifer miller  | 27149 Hwy 33<br>Okahumpra, FL<br>34762         | _ □ Add ro Sec/Tieas<br>□ □ Remove - from VF |
|                    | ling or adding additional Articles, ente                                       |  |  |
| F. If an an        | nendment provides for an exchange, re<br>ons for implementing the amendment it | eclassification, or cancellation of is         | sued shares,                                 |
|                    | ot applicable, indicate N/A)   | i not contained in the amendment               | <u> </u>                                     |
|                    |  |  |  |
|                    |  |  |  |

| The date of each amendment(s)                          | adoption: <u>0 c to ber 12, 2010</u>   |
|--|--|
|  | (date of adoption is required)   |
| Effective date if applicable:                          | no more than 90 days after amendment file date)  |
| <b>1</b>   | no more than 70 days after amenament fite dates  |
| Adoption of Amendment(s)                               | (CHECK ONE)  |
| The amendment(s) was/were by the shareholders was/were | adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.  |
|  | approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s): |
| "The number of votes ca                                | st for the amendment(s) was/were sufficient for approval   |
| by   | voting group)  |
| (1   | poting group)  |
| The amendment(s) was/were action was not required.     | adopted by the board of directors without shareholder action and shareholder   |
| The amendment(s) was/were action was not required.     | adopted by the incorporators without shareholder action and shareholder  |
| Dated <u>OC</u>  | ober 13, 2010  while   |
| (By a  | director, president or other officer – if directors or officers have not been  |
| select   | ed, by an incorporator – if in the hands of a receiver, trustee, or other court  |
| appoi  | nted fiduciary by that fiduciary)  |
|  | lachua Millar  |
|  | (Typed or printed name of person signing)  |
| ,  | President (Title of person signing)  |
|  | (The or person signing)  |