## P11000006489

(Req	juestor's Name)	
(Ädd	lress)	
,	•	
(Add	lress)	
(City	/State/Zip/Phone	<del>= #</del> )
PICK-UP	MAIT	MAIL
(Bus	siness Entity Nan	ne)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
	•	
		·
Special Instructions to F	Filing Officer	
L		

1. . . .





700245563457

03/12/13--0/065--002 \*\*45.75

Den Dalison

## **COVER LETTER**

TO: Amendment Section

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Name of Contact Person 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 Certified Copy (Additional copy is enclosed) (Additional Copy is enclosed) **Mailing Address Street Address** Amendment Section Amendment Section Division of Corporations Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

## **Articles of Amendment**

Articles of Incorporation of

CROSSFit C	ituPlace INC.	
(Name of Corporation as currently filed with the Fl	orida Deht. of State)	
P11(2000) 643	39	<del>-</del> 7.
(Document Number of Corporation (if	known)	
Duranest and a second of the control		المرابع فيك
Pursuant to the provisions of section 607.1006. Florida Statutes, this <i>I</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following an	nendment(s)
A. If amending name, enter the new name of the corporation:		
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc." or "C	Co". A professional corporation name must cont	viation
word "chartered," "professional association," or the abbreviation "I	P.A. "	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	11596 Piersone. Wellington, FL	2
	3341	4
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	CROSSFIT Wellingt	(D)
	Wellington, FC 33	3414
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:		
Name of New Registered Agent	<del></del>	
(Florida stre	et address)	
New Registered Office Address:	. Florida	
(Cuy)	(Zip Code)	
New Registered Agent's Signature, if changing Registered Agent:  Thereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the position.	
Signature of New Registered Aş	gent, 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)

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	PT John I	Ooe	
X Remove	<u>V</u> <u>Mike</u> .	lones	
X Add	<u>SV</u> <u>Sally S</u>	Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) K Change	<u></u>	BryAN Nichols	Uellington, FL
Add		J 100%	Wellington, FL
Remove			
2) Change	VP	ORtiz, BrittAny	92/3 Defenda Cf. Wellington, FC
Add		U	Wellington, FC
X Remove			33444
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	<del></del>		
Add			
Remove			

If amending or adding additional Articolar (Attach additional sheets, if necessary).	ctes, enter change(s) h (Be specific)	<u>iere</u> :			
•					
-					<b></b> -
	<del></del>				
	-				
		· · ·			
If an amendment provides for an exch	ange, reclassification,	or cancella	tion of issued	shares.	
provisions for implementing the amer (if not applicable, indicate N/A)	idment if not containe	ed in the am	<u>endment itsel</u>	<u>f:</u>	
Boynn Nicola	ols 100%	70 SA	Parel	wholen	

The date of each ar	mendment(s) adoption: $\frac{\sqrt{5-5-7}}{2}$
Effective date if ap	plicable: 5-13
	(no more than 90 days after amendment file date)
Adoption of Amen	dment(s) ( <u>CHECK ONE</u> )
The amendment( by the sharehold	s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) ers was/were sufficient for approval.
	s) was/were approved by the shareholders through voting groups. The following statement ely provided for each voting group entitled to vote separately on the amendment(s):
"The numb	er of votes cast for the amendment(s) was/were sufficient for approval
by	
	(voting group)
☐ The amendment( action was not re-	s) was/were adopted by the board of directors without shareholder action and shareholder quired.
☐ The amendment(	s) was/were adopted by the incorporators without shareholder action and shareholder quired.
D	ated $3-5-13$
Si	gnature Re Utable
	(By a director, president 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)
	appointed fiducially by that fiducially)
	Bry AN NICHOLS
	(Typed or printed name of person signing)
	- TRESEDENT
	(Title of person signing)