# P110000 56359

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SECRETARY OF STATE
SCON SE CORPORATIONS
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#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Elite FITA	vess centers, In	<u></u>	
DOCUMENT NUMB	ER: P11000056350	]		
	of Amendment and fee are su			
Please return all corres	pondence concerning this ma	tter to the following:		
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-	3 W 1001C. 1	Name of Contact Person	<u> </u>	
-	Ecoquier 11.00	Firm/Company	<u>SCIOICES</u>	
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For further information	concerning this matter, plea	se call:		90°
Ezequiel Alva	H22	at (321	243-5211	- 44 : 06 - 44 : 06 - 45 : 34 : 35
EREQUEL ANGHER Name of Contact Person		at (321) 243-5211  Area Code & Daytime Telephone Number		- 어그 맞으다
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:	最高の
☑ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	AMID: 40
Ame Divis P.O.	ling Address ndment Section sion of Corporations Box 6327 phassee, FL 32314	Amend Divisio The Co	Address ment Section n of Corporations entre of Tallahassee N. Monroe Street, Suite 810	

Tallahassee, FL 32303

## Articles of Amendment Articles of Incorporation

## Elite FITNESS CENTERS, INC

### (Name of Corporation as currently filed with the Florida Dept. of State)

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:

	A/G		The new
name must be distinguishable and contain t "Inc.," or Co.," or the designation "Co "chartered," "professional association," o	he word "corporation," "co rp," "Inc," or "Co". A		
B. Enter new principal office address, if	applicable:	4[U	
(Principal office address MUST BE A ST		4/(1	
		A	
C. Enter new mailing address, if applic (Mailing address MAY BE A POST O		N/A	
		414	
D. If amending the registered agent and new registered agent and/or the new Name of New Registered Agent	registered office address:		me of the
(	216 Hawser ST NE (Florida stree	,	
	(Florida stree	t address)	
New Registered Office Address:	Palm Day	21	_, Florida32907
	. (6	.tīy)	(ZIp Code)
New Registered Agent's Signature, if ch I hereby accept the appointment as registe		th and accept the obligatio	ns of the position.
, · · · · · · · · · · · · · · · · · · ·			

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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.

X Change	PT John Doe	
X Remove	<u>V</u> <u>Mike Jones</u>	
X Add	SV Sally Smith	
Type of Action (Check One)  1) Change Add Remove  2) Change	President Dichard J. MacNAbb	Address × 680 Handulvar × PAIM BAY (-C 324e) × 883 Du Bois Ave SE
Add  Remove Change		Palm Day, Fl 32909
Add Remove 4) Change Add		
Remove  5) Change Add		
Remove 6) Change Add Remove		

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an amendment provid	es for an excha	inge, reclassifica	tion, or cancella	tion of issued sha	res,	
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The date of each amendment(s) adoption: date this document was signed.	4/29/2020	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file	e date)
<b>Note:</b> If the date inserted in this block does not document's effective date on the Department of	not meet the applicable statutory filing require f State's records.	rements, this date will not be listed as the
Adoption of Amendment(s) (CF	HECK ONE)	
☐ The amendment(s) was/were adopted by the action was not required.	incorporators, or board of directors without s	shareholder action and shareholder
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	shareholders. The number of votes cast for tapproval.	he amendment(s)
	group entitled to vote separately on the ame.	ollowing statement ndment(s):
	ndment(s) was/were sufficient for approval	
by(vot	ing group)	
Dated 4/29/	20	
Signature My		*
(De a director, pres selected, by an inco appointed fiduciary	ident or other officer – if directors or officers or officers or orator /- if in the hands of a receiver, truster by that fiduciary)	have not been e, or other court
	MACES YOUT	B
(	(Typed or printed name of person signing)	