| PII | 000 | 1056 | 43 |
|-----|-----|------|----------|
| | | | 4 |

ł

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| |
| |
| |
| Office Use Only |



08/25/21--01012--014 ++43.75

FILED 2021 AUG 25 PH 12: 28 SECRETARY OF STATE TALLAHASSEE, FL

SEP 0.2 2021

D CUSHING

COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: ______ Fit Bodies Forever, Incorporated

DOCUMENT NUMBER: P11000105643

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

| | Robin K. Davies | | | |
|---------------------|--|-----------------|----------|------------|
| | Name of Contact Person | | | |
| | Fit Bodies Forever, Inc | | | |
| | Firm/ Company | | | |
| | 9750 West Sample Road, Suite C/D | | | |
| | Address | | | |
| | Coral Springs, FL 33065 | | - 1 | |
| | City/ State and Zip Code | | 2021 | |
| | info@tfwcoralsprings.com | | 2021 AUG | "T] |
| | E-mail address: (to be used for future annual report notification) | | 25 | 5 |
| | | | -0 | []] |
| For further informa | ation concerning this matter, please call: | _`` <u>`</u> `` | PH 12: | \bigcirc |
| Robin K. Davies | at(954) 701-7158 | | : 28 | |
| Nar | ne of Contact Person Area Code & Daytime Teleph | one Number | | |

□ \$35 Filing Fee

□\$43.75 Filing Fee & Certificate of Status

Enclosed is a check for the following amount made payable to the Florida Department of State:

\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)

□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

Mailing Address Amendment Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Fit Bodies Forever, Inc

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

The new

P11000105643

(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. If amending name, enter the new name of the corporation:

N/A

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: | N/A | رين [7] يسم (1) ج | 021 | |
|---|-----|-------------------------|-----|---------|
| (Principal office address <u>MUST BE A STREET ADDRESS</u>) | | 73 | AU | """ |
| | | | 50 | <u></u> |
| | | | 25 | i and |
| | | <u>्रि</u> . भ | PH | |
| C. <u>Enter new mailing address, if applicable:</u> (Mailing address MAY BE <u>A POST OFFICE BOX</u>) | N/A | | 3 | تحسبة |
| (, | | <u>ر- ۲. (</u> ات | 28 | |

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 <u>of New Reg</u> ister <u>ed Agent</u> | Robin K. Davies | |
|--|----------------------------------|---------------|
| | 9750 West Sample Road, Suite C/D | |
| | (Florida street address) | |
| <u>New Registered Office Address:</u> | Coral Springs | Florida 33065 |
| | (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.

Signature of New Registered Agent, if changing

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.

Example: X Change <u>PT</u> John Doe X Remove V Mike Jones <u>sv</u> Sally Smith <u>X</u> Add Address Type of Action Title Name (Check One) Р Richard D. Davies 9750 West Sample Road, Suite C/D 1) Change Coral Springs, FL 33065 ____ Add Х Remove 2) X P Robin K. Davies 9750 West Sample Road, Suite C/D __ Change Coral Springs, FL 33065 ___ Add Remove 3) ____ Change Add Remove 4) ____ Change Add ____ Remove 51 ____ Change ___ Add ___ Remove 6) ____ Change ___ Add _ Remove

| C. <u>If amending or adding additional Artic</u> (Attach additional sheets, if necessary). | (Be specific) |
|---|-----------------------------------|
| N/A | |
| | |
| | |
| | |
| | |
| | |
| ········· | |
| | |
| | |
| | |
| | · · · · · · · · · · · · · · · · · |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

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)

Richard D. Davies is relinquishing his 50% ownership and the shares it represents to Robin K. Davies, who will now have an

interest in the company of 100% and the shares it represents. Robin K. Davies is now sole owner of Fit Bodies Forever, Inc.

effective as of 08/11/2021.

| re than 90 days after amendment file date) he applicable statutory filing requirements, this date will not be listed as the ecords. |
|---|
| he applicable statutory filing requirements, this date will not be listed as th |
| he applicable statutory filing requirements, this date will not be listed as th |
| |
| |
| <u>NE</u>) |
| ators, or board of directors without shareholder action and shareholder |
| ders. The number of votes cast for the amendment(s) |
| olders through voting groups. The following statement attitled to vote separately on the amendment(s): |
|) was/were sufficient for approval |
| |
| |
| |
| |
| |
| |
| |
| other officer – if directors or officers have not been – if in the hands of a receiver trustee, or other court |
| other officer – if directors or officers have not been – if in the hands of a receiver, trustee, or other court fiduciary) |
| - if in the hands of a receiver, trustee, or other court |
| - if in the hands of a receiver, trustee, or other court |
| r |

(Title of person signing)