

P/2000005615

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

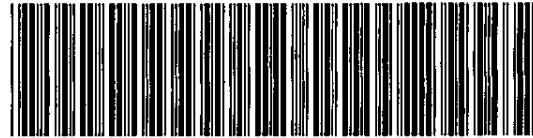
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200218103442

01/27/12--01007--001 **35.00

Any Copy/NE

FILED
12 FEB 15 AM 10:40
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MAR 27 2012
MAR 27 2012
T. ROBERTS
T. ROBERTS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
12 MAR 27 AM 9:10
TALLAHASSEE, FLORIDA

January 27, 2012

APRIL CONDRON
CAPE COD MANAGEMENT SERVICES INC
314 NE 27TH ST
WILTON MANORS, FL 33334

SUBJECT: FITBODZ IN HOME PERSONAL TRAINING INC
Ref. Number: P12000005615

We have received your document for FITBODZ IN HOME PERSONAL TRAINING INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

If the corporation is a **PROFIT** corporation it must be signed 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.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

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) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 012A00002553

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FITBODZ IN HOME PERSONAL TRAINING INC
Name of Corporation

DOCUMENT NUMBER: P12000005615

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

Please return all correspondence concerning this matter to the following:

APRIL CONDRON

Name of Contact Person

CAPE COD MANAGEMENT SERVICES INC

Firm/Company

314 NE 27TH ST

Address

WILTON MANORS FL 33334

City/State and Zip Code

APRILPEACH1@AOL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

APRIL CONDRON

Name of Contact Person

at (954) 630-8300

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$35.00 Filing Fee

☐ \$43.75 Filing Fee & Certificate of Status

☐ \$43.75 Filing Fee & Certified Copy

☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy

Mailing Address:

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

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF CORRECTION

for

FITBODZ IN HOME PERSONAL TRAINING INC

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

P12000005615

Document Number (if known)

Pursuant to the provisions of Section 607.0124 or 617.0124, Florida Statutes, this corporation files these Articles of Correction within 30 days of the file date of the document being corrected.

These articles of correction correct NAME OF CORPORATION
(Document Type Being Corrected)

filed with the Department of State on 1/17/2012
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

THE WORD "TRAINING" IS INCORRECTLY SPELLED.

Correct the inaccuracy, incorrect statement, or defect:

THE CORRECT SPELLING IS "TRAINING"

THEREFORE THE CORRECT NAME OF THE CORPORATION IS:

FITBODZ IN HOME PERSONAL TRAINING INC

Marni Rapoport

(Signature of a director, president or other officer; if directors or officers have not been selected, by an incorporator - if in the hands of the receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

MARNI RAPOPORT

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35.00

FILED
12 FEB 15 AM 10:40
SECRETARY OF STATE
TALLAHASSEE FLORIDA