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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: SLASH FITNESS/	PERFORMANCE, INC.	
DOCUMENT NUMBI	ER: P12000010225		
	f Amendment and fee are sul	omitted for filing.	
Please return all corresp	ondence concerning this mat	ter to the following:	
Ī	HEIDI HOLDAM		
_		Name of Contact Person	1
HG HOLDAM TAX AND AG		CCOUNTING INC	
		Firm/ Company	
:	3830 JOG RD		
-		Address	· · ·
	LAKE WORTH, FL 33467		
-		City/ State and Zip Code	
НСНО	DLDAMINSURANCE@GM	AIL.COM	
		sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
HEIDI HOLDAM		561	de & Daytime Telephone Number
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	urtment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divi P.O.	ting Address endment Section sion of Corporations Box 6327 chassee, FL 32314	Amend Divisio Cliftor	Address diment Section on of Corporations n Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed with the Florida Dept. of State) P12000010225 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendments Articles of Incorporation: A. If amending name, enter the new name of the corporation: The Tight name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the distinguishable and contain the word "corporation," "company," or "incorporated" or the distinguishable and contain the word "corporation," "company," or "incorporated" or the distinguishable and contain the word "corporation," or "Co". A professional corporation name must professional association, "or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SLASH FITNESS/PERFORMANCE, IN	C.	
Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendments Articles of Incorporation: A. If amending name, enter the new name of the corporation: A. If amending name, enter the new name of the corporation: The finance must be distinguishable and contain the word "corporation," "company," or "incorporated" or the Arthreviano "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) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		Corporation as currently filed with the Flo	orida Dept. of State)
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(Mailing address MAY BE A POST OFFICE BOX)			
	C. Enter new mailing address, if applie	cable:	
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D. If amending the registered agent and/or registered office address in Florida, enter the name of the	D. If amending the registered agent an	d/or registered office address in Florida, ent	ter the name of the
new registered agent and/or the new registered office address:			
Name of Van Pagistared Agent JOSEPH N ARDAGNA	new registered agent and/or the new		
	Name of New Registered Agent	JOSEPH N ARDAGNA	
· · · · · · · · · · · · · · · · · · ·		JOSEPH N ARDAGNA 428 TIFFANY OAKS WAY	
HOVNION REACH 31413	Name of New Registered Agent	JOSEPH N ARDAGNA 428 TIFFANY OAKS WAY (Florida street address)	33435
New Registered Office Address: Florida	Name of New Registered Agent	JOSEPH N ARDAGNA 428 TIFFANY OAKS WAY (Florida street address) BOYNTON BEACH	
		JOSEPH N ARDAGNA 428 TIFFANY OAKS WAY (Florida street address)	22.125
New Registered Office Address: Florida	Name of New Registered Agent	JOSEPH N ARDAGNA 428 TIFFANY OAKS WAY (Florida street address) BOYNTON BEACH	Florida
New Registered Office Address: BOYNTON BEACH City Florida (Zip Code)	Name of New Registered Agent	JOSEPH N ARDAGNA 428 TIFFANY OAKS WAY (Florida street address) BOYNTON BEACH	Florida
New Registered Office Address: Florida	Name of New Registered Agent	JOSEPH N ARDAGNA 428 TIFFANY OAKS WAY (Florida street address) BOYNTON BEACH	Florida
New Registered Office Address:	Name of New Registered Agent New Registered Office Address:	JOSEPH N ARDAGNA 428 TIFFANY OAKS WAY (Florida street address) BOYNTON BEACH (City)	Florida
New Registered Office Address: (City) (City) New Registered Agent's Signature, if changing Registered Agent:	Name of New Registered Agent New Registered Office Address: New Registered Agent's Signature, if c	JOSEPH N ARDAGNA 428 TIFFANY OAKS WAY (Florida street address) BOYNTON BEACH (City) hanging Registered Agent:	Elorida (Zıp Code)
New Registered Office Address:	Name of New Registered Agent New Registered Office Address: New Registered Agent's Signature, if c	JOSEPH N ARDAGNA 428 TIFFANY OAKS WAY (Florida street address) BOYNTON BEACH (City) hanging Registered Agent:	Elorida (Zıp Code)
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New Registered Office Address: (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. Tam familiar with and accept the obligations of the position.	Name of New Registered Agent New Registered Office Address: New Registered Agent's Signature, if c	JOSEPH N ARDAGNA 428 TIFFANY OAKS WAY (Florida street address) BOYNTON BEACH (City) hanging Registered Agent: ered agent. I am familiar with and accept the	Elorida (Zıp Code)

If amending the Officer's 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	<u>PT</u>	John Doe	
X Remove	$\underline{\mathbf{v}}$	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	P	ANDREW J SZIRAKI	3654 WOLF RUN LANE
Add			BOYNTON BEACH, FL 33435
X Remove			
2) X Change	P	JOSEPH N ARDAGNA	428 TIFFANY OAKS WAY
Add			BOYNTON BEACH, FL 33435
Remove			
3) X Change	VP	AUSTIN R BROCK	906 SW 28TH AVE
Add			BOYNTON BEACH, FL 33435
Remove			
4) Change			
Add			
Remove			,
5/ Change			
Add			
Remove			
6) Change			
Add			
Remove			

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<u>ii an amendment p</u>	lementing the am	endment if not co	ation, or cancellate on tained in the am	<u>ion of issued snar</u> endment itself:	es.
provisions for imp	ble, indicate N/A)				
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	12/12/2016	
The date of each amendment(s) date this document was signed.	adoption:	, if other than the
ı	2/12/2016	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file dat	e)
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirement. Department of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were by the shareholders was/were	dopted by the shareholders. The number of votes cast for the a sufficient for approval.	mendment(s)
☐ The amendment(s) was/were must be separately provided j	approved by the shareholders through voting groups. The follow or each voting group entitled to vote separately on the amendm	ing statement ent(s):
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and	l shareholder
The amendment(s) was/were action was not required.	dopted by the incorporators without shareholder action and sha	reholder
12/12/20	016.	
DatedSignature	DocuSigned by:	
(B y (sele	directors or officer — if directors or officers have ted, by an incorporator — if in the hands of a receiver, trustee, of sinted fiduciary by that fiduciary)	
	JOSEPH N ARDAGNA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	