

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000235233 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : METRO BUSINESS AGENCY, INC.

Account Number : I20080000101 : (239)466-8600 Phone Fax Number : (239)275-0865

**Enter the email address for this business entity to be used for annual report mailings. Enter only one email address pleasents

Emmil Address:

COR AMND/RESTATE/CORRECT OR O/D RESIGN FIT SPORTS NUTRITION INC

Certificate of Status	0
Certified Copy	0
Page Count	0.5
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

		FILED	~	
	Articles of Amend	ment - '7 N	W 10: 0 1	•
	to Articles of Incorpor	CTACKTARY OF AREAS	E STATE.	
		OF TAKE TAKY C	FLORIDA	
FIT SPORTS NUTRITION IN		TALLAHASSE		
(Name of Corporation as curre	ntly filed with the Florida	Dept. of State)		
213000047654	iber of Corporation (if know	m)		
•	•			•
ursuant to the provisions of section 607.1006, its Articles of Incorporation:	Florida Statutes, this <i>Florid</i>	a Profit Corporation a	dopts the following	amendment(:
A. If amending name, enter the new name of	the cornoration:			
				The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,"	"Corp," "Inc," or "Co".	A professional corpor	orated" or the at ation name must o	breviation
Enter new principal office address, if app	licable:		-	
Principal office address MUST BE A STREE	<u> AUDRESS </u>			
C. Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFIC		<u>:</u>	~	•
	_			•
	_		, .	
). If amending the registered agent and/or r		Florida, enter the na	me of the	
new registered agent and/or the new regis	stered office address:			
Name of New Registered Agent		,,	-	
	detail do accordado	E	_	
	(Florida street add	,		
New Registered Office Address:	(City)	, Florida	(Zip Code)	•
	• •			
	-			
New Registered Agent's Signature, if changing the hereby accept the appointment as registered a	ng Registered Agent: gent. I am familiar with ai	nd accept the obligation	s of the position.	
Signatur	e of New Registered Agent,	if changing	-	

Add

Remove

address of each Officer (Attach additional sheets, Please note the officer/dir P = President; V = Vice Executive Officer; CFO held. President, Treasure. Changes should be noted a change, Mike Jones lea Mike Jones, V as Remove	and/or D if necess rector titl President - Chief i r, Direct lin the fo	Nrector besary) le by the fle; T= Tree Financial or would tellowing me orporation	eing added: irst letter of the office title: asurer; S= Secretary; D= Director; TR= 1 Officer. If an officer/director holds more be PTD. canner. Currently John Doe is listed as the n, Sally Smith is named the V and S. These	ridirector being removed and title, name, and Trustee; C = Chairman or Clerk; CEO = Chief than one title, list the first letter of each office PST and Mike Jones is listed as the V. There is should be noted as John Doe, PT as a Change,
Example: <u>X</u> Change	PI	John Do	<u>⊎</u>	
X Remove	¥	Mike Jo	ле з	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change	VP		GLENN R MORSE	6100 Jonathans Bay Cir
Add		_		#101
Remove				FORT MYERS, FL 33908
2) Change		-		
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Remove				
6) Change		_		

If amending or adding additional Artic Attach additional sheets, if necessary).	(Be specific)
<u> </u>	
·····	
	· ·
··· -	
···	
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, indment if not contained in the amendment itself:

The date of each amendment date this document was signed	t(s) adoption: 10/07/2014	, if other than the
Effective date if applicable:	" 	
Ellective date it applicable:	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
	re approved by the shareholders through voting groups. The following statement and for each voting group entitled to vote separately on the amendment(s):	
"The number of vote:	s cast for the amendment(s) was/were sufficient for approval	
by	n	
· ·	(voting group)	
The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/wer action was not required.	re adopted by the incorporators without shareholder action and shareholder	
Date: 10/0	07/2014	
Dated		
(É	ly a director, president of other officer — if directors or officers have not been elected, by an-informorator — if in the hands of a receiver, trustee, or other court oppointed fiduciary by that fiduciary)	_
	RUSSELL LALLIER	
	(Typed or printed name of person signing)	_
	PRESIDENT	
	(Title of person signing)	