P13000048493

(Re	questor's Name)	
(Add	dress)	·
(Add	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
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OFFICE OFFIC

AUG 1 2 2013

T. BROWN

COVER LETTER

TO: Amendment Section Division of Corporations

TODAY'S A	ACTIVE LIVING INC	
P13000048493	3 	
The enclosed Articles of Amendment and fee ar	e submitted for filing.	
Please return all correspondence concerning this	s matter to the following:	
Travis Skindzier	•	
Today's Active Livir	Name of Contact Person ng Inc	
1624 NE 1	St. Apt. #2	
Fort Lauderdale, F	Address	
	City/ State and Zip Code	
internal@todaysactiveli	ving.com	
E-mail address: (to b	be used for future annual report notification)	
For further information concerning this matter, p	please call:	
Travis Skindzier	424 241-8969	
Name of Contact Person	Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount ma	ade payable to the Florida Department of State:	
\$35 Filing Fee Certificate of Statu	<u> </u>	
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 Amendment to Articles of Incorporation of

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TODAY'S ACTIVE LIVING INC

		PM 2 10M
(Name of Corporation as currently filed with the Florida P13000048493	Dept. of State)	
(Document Number of Corporation (if know	vn)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida</i> ts Articles of Incorporation:	a Profit Corporation adopt	s the following amendment(s)
a. If amending name, enter the new name of the corporation:		
		The new
name must be distinguishable and contain the word "corporation," "e "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". word "chartered." "professional association," or the abbreviation "P.A."		
3. 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)		
If amending the registered agent and/or registered office address in new registered agent and/or the new registered office address:	Florida, enter the name o	f the
Name of New Registered Agent		
(Florida street add	dress)	
New Registered Office Address:	, Florida	····
(City)		(Zip Code)
New Registered Agent's Signature, if changing Registered Agent:		
hereby accept the appointment as registered agent. I am familiar with an	nd accept the obligations of	the position.

Signature of New Registered Agent, if changing

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	<u>PT</u> <u>J</u>	ohn Doe	
X Remove	<u>v</u> <u>1</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
X I) Change	Р	Travis Skindzier	19239 N DALE MABRY HW
Add			STE 144
Remove			LUTZ, FL 33548
2) Change			
Add			
Remove			
3) Change		 	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	eets, if necessary).	(Be specific)			
					
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f an amendment pr	ovides for an exch	ange, reclassific	ation, or cancella	ation of issued sl	ares.
nnoviniono f !	ementing the ame	ndment if not co	ntained in the ar	nendment itself:	_
<u>provisions for impl</u>	le, indicate N/A)				
(if not applicabl					
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The date of each amendment(s) adoption:	_, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
August 4 2013	
Signature Signature	
(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)	
TRAVIS SKINDZIER	
(Typed or printed name of person signing)	
President	
(Title of person signing)	

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