P1000049034

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	: THE BODI BAR I	NC.	
DOCUMENT NUMBER: Pi			
The enclosed Articles of Amen		bmitted for filing.	
Please return all correspondence	e concerning this ma	tter to the following:	
JEANIN	SE C WELLS		
		Name of Contact Per	son
THE BO	DDI BAR INC.		
		Firm/ Company	
1110 TG	JRTLE CREEK DRI	VE UNIT 137	
·		Address	
. NAPLE	S, FLORIDA 34110		
	-	City/ State and Zip C	ode
JNINEWELL	S@AOL.COM		
E-n	nail address: (to be us	ed for future annual rep	ort notification)
For further information concert	ning this matter, pleas	se call:	
JEANINE C WELLS		at () 961-1680 Code & Daytime Telephone Number
Name of Contac	et Person	Area	Code & Daytime Telephone Number
Enclosed is a check for the foll-	owing amount made p	payable to the Florida D	epartment of State:
	43.75 Filing Fee & ertificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	E □S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Add Amendment ! Division of C P.O. Box 632 Tallahassee, !	Section Orporations 17	Ame Divi Clift	et Address endment Section sion of Corporations on Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

THE BODI BAR INC (Name of Corporation as currently filed with the Florida Dept. of State) P16000049034 (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: THE BODY BAR INC. 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: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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 of New Registered Agent (Florida street address) New Registered Office Address: (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

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 Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change			_	
Add				
Remove				
2) Change				
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change				
Add		_		
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

Attach additional sheets, if necessary).	(Be specific)			
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				<u> </u>
		<u> </u>		
f an amendment provides for an exch	anga raelossification	or concellation of i	renad sharar	
provisions for implementing the ame	idment if not containe	d in the amendmen	t itself:	
(if not applicable, indicate N/A)				
				·
			_	
				_ _
			-	

	SEPTEMBER 25, 2017	
The date of each amendment(s) adoption:	f other than the
date this document was signed.		
	SEPTEMBER 25, 2017	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	(no more man 50 days after amenament fite date)	
Note: If the date inserted in thi document's effective date on the	is block does not meet the applicable statutory filing requirements, this date will not Department of State's records.	be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
☐ The amendment(s) was/were a must be separately provided j	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
action was not required.	adopted by the board of directors without shareholder action and shareholder adopted by the incorporators without shareholder action and shareholder	
SEPTEM Dated	MBER 25, 2017	
Signature	Quanix 1/16ll	
selec	a director/president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)	
	JEANINE C WELLS	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	