## P19000023082

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## **COVER LETTER**

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**TO:** Amendment Section Division of Corporations

NAME OF CORPO	ORATION: First Coast Muscle	Inc	
DOCUMENT NUM	P19000023082		
The enclosed Article	es of Amendment and fee are su	bmitted for filing.	
Please return all cor	respondence concerning this ma	tter to the following:	
	Aaron L. Rook		
		Name of Contact Person	
	First Coast Muscle Inc		
		Firm/ Company	
	12374 Sunchase Drive		
		Address	
	Jacksonville, Fl 32246		
		City/ State and Zip Code	
	Firstcoastmuscle2019@gmai	l.com	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	tion concerning this matter, pleas	se call:	
Aaron L. Rook		at (815	603.2871
Nan	e of Contact Person		de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:
₩ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Fiting Fee & Certified Copy (Additional copy is enclosed)	S\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ā D P	Iniling Address mendment Section livision of Corporations O. Box 6327 allahassee, FL 32314	Amend Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation

	Articles of Inc of	•	シ
Fic	st Const Mus	cle INC	
		y filed with the Florida De	ot. of State)
P190	000023082		
		f Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation	adopts the following amendmen
A. If amending name, enter the new na	me of the corporation:		
			The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	Corp," "Inc," or "Co". /	A professional corporation	" or the abbreviation "Corp.," name must contain the word
B. Enter new principal office address, (Principal office address MUST BE A S			
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)		12374 Sunchase Drive	
		Jacksonville, Florida 322	46
D. If amending the registered agent an new registered agent and/or the new			ame of the
Name of New Registered Agent	Aaron L. Rook		
	12374 Sunchase Drive		
	(Florida st	reet address)	
New Registered Office Address:	Jacksonville		. Florida 32246
Men registered Office Materess.		(City)	(Zip Code)
New Registered Agent's Signature, if c	hanging Registered Agen	<u>t:</u>	
I hereby accept the appointment as regist	erea ageni. I am Jamiliar	<i>wин апа ассері іпе оридан</i> і	нь ој те ромноп.
	Signature of New I	Registered Agent if changing	
	Signature of New F	Registered Agent, if changing	<del></del>

Check if applicable

<sup>☐</sup> The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	D,P	Aaron L Rook	10916 Atlantic Blvd Suite 20
Add			Jacksonville, Florida 32225
Remove			
2) Change	D	Phillip McDowell	10916 Atlantic Blvd Suite 20
Add			Jacksonville, Florida 32225
X Remove 3) Change			
Add			
Remove			<del></del>
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

resident aaramaan	al sheets, if necessary).	(Be specific)			
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f on amendme	ent provides for an exc	hange reclassificat	ion, or cancellatio	n of issued shares.	
provisions for	implementing the am	endment if not cont	ained in the amen	dment itself:	
(if not app	olicable, indicate N/A)				
		<del></del>			
				<del></del>	
		<u> </u>			

•

•	September 29, 2020
The date of each amendment(s) a date this document was signed.	doption:, if other than t
<del>_</del>	stember 29, 2020
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this bedocument's effective date on the Do	block does not meet the applicable statutory filing requirements, this date will not be listed as tepartment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors without shareholder action and shareholder
The amendment(s) was/were ado by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.
	proved by the shareholders through voting groups. The following statement
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):
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