P9500003286

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
(Bu	usiness Entity Nar	me)
(Do	ocument Number)	1
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		

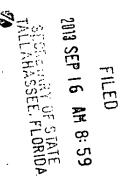
Office Use Only



400251622944



09/16/13--01047--016 **43.75



100/2 9/33/13

COVER LETTER

Division of Corporations
NAME OF CORPORATION: WELLWAY EXECUSE SALES AND SERVICE CONDOCUMENT NUMBER: 195 0000 32861
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person Wellway Exercise Firm/ Company Po Box 72508 Address Coral Slancs FL, 3307 City/ State and Zip Code Wellwayex & MSN, Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee \$43.75 Filing Fee & \$\sum \text{\$43.75 Filing Fee & \$\sum \text{\$52.50 Filing Fec}\$}\$ Certificate of Status

enclosed)

(Additional copy is

Mailing Address

TO: Amendment Section

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

Certified Copy

(Additional Copy is enclosed)

Articles of Amendment to Articles of Incorporation of

FILED

WELLWAY EXERCISE SALES				
(Namelof Corporation as currently filed with the	SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	nis Florida Profit Corporation adopts the following amendment(s) to			
A. If amending name, enter the new name of the corporation:				
name must be distinguishable and contain the word "corpora" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," o word "chartered," "professional association," or the abbreviation	r "Co". A professional corporation name must contain the			
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: (C	ity) (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 Registers	ed 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	PT	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	508	RON SELLERS	lo Box 772508
Add Remove			COMAL SPAINSS FL. 33077
2)Change	,		
Add			
Remove			
3) Change		_	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

tach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
· · · · · · · · · · · · · · · · · · ·	
,	
,	
<u> </u>	
	
, 10 VILLET	
1, p - 1 - 2 - 1 - 2 - 1 - 2 - 2 - 2 - 2 - 2	
in amendment provides for an exch rovisions for implementing the ame	nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	The second secon
- 1071	

The date of each amendment(s) adop	ation: August 1 2013	, if other than the
date this document was signed.		
Effective date if applicables	August 1 2-13	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopte by the shareholders was/were suffice	ed by the shareholders. The number of votes cast for the amendment(s) cient for approval.	
	ved by the shareholders through voting groups. The following statement sich voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for	r the amendment(s) was/were sufficient for approval	
by	(voting group)	
•	(voting group)	
The amendment(s) was/were adopte action was not required.	ed by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopte action was not required.	ed by the incorporators without shareholder action and shareholder	
Dated	5/27/13	
Signature	O_{0}	
(By a dire	ector, president or other officer - if directors or officers have not been	
	by an incorporator – if in the hands of a receiver, trustee, or other court	
appointed	I fiduciary by that fiduciary)	
	trian Davis	
	(Typed or printed name of person signing)	
	0	
_	bres. Dent	
	(Title of person signing)	