

P95000089032

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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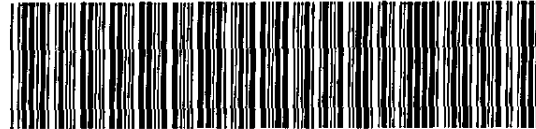
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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B.A. change

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Peak Fitness, Inc

(Name of Corporation)

DOCUMENT NUMBER: P95000089032

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mark Melancon

(Name of Contact Person)

Peak Fitness, Inc

(Firm/Company)

291 Seabreeze Ave

(Address)

Naples Florida 34108

(City/State and Zip Code)

For further information concerning this matter, please call:

Mark Melancon

(Name of Contact Person)

at (239) 404.7453

(Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

October 19, 2005

MARK MELANCON
PEAK FITNESS, INC.
291 SEABREEZE AVENUE
NAPLES, FL 34108

SUBJECT: PEAK FITNESS INC.
Ref. Number: P95000089032

We have received your document for PEAK FITNESS INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6869.

Teresa Brown
Document Specialist

Letter Number: 805A00063616

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Peak Fitness Inc.
2. The principal office address: 291 Seabreeze Avenue Naples Florida 34108
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 11/20/1995 Document number: P95000089032

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Mark Melancon
1821 SUNSET HARBOUR DR
Miami Beach FL 33139

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Mark Melancon
2650 TAMiami TRAIL EAST
(P.O. Box NOT acceptable)
Naples Florida 34112

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TALLAHASSEE, FLORIDA

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Mark Melancon
(Signature of an officer or director)

Mark Melancon

(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Mark Melancon
(Signature of Registered Agent)

10/7/05
(Date)

If signing on behalf of an entity:

Mark Melancon -

(Typed or Printed Name)

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314