## P97000045884

(Re	questor's Name)	
(Add	dress)	
(Ad	dress)	<u></u>
(Cit	y/State/Zip/Phone	÷#)
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(Do	cument Number)	
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Luembuemo

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	RATION:	es & Personal Fitness Inc	<u> </u>		
	of Amendment and fee are sul	omitted for filing.			
Please return all corres	pondence concerning this mat	ter to the following:			
	Edwin A "Trip" Green III, Es	q.			
		Name of Contact Persor	1		
	Blanchard, Merriam, Adel &	Kirkland P.A.			
		Firm/ Company			
4 SE Broadway					
		Address			
	Ocala, Fl. 34471				
		City/ State and Zip Code	e	For the	
tgreer	n@bmaklaw.com			四百	
<del></del>	E-mail address: (to be us	ed for future annual report	notification)	20 C	المنجوب بر کارون درون کارون
For further information	n concerning this matter, pleas	e call:			g serve
Edwin A "Trip" Green	n III, Esq.	at ( 352	732-7218		
Name o	of Contact Person		de & Daytime Telephone Number	4,1	
Enclosed is a check fo	r the following amount made p	payable to the Florida Depa	artment of State:		
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		

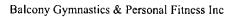
**Mailing Address** 

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 **Articles of Incorporation** of



· · · · · · · · · · · · · · · · · · ·	Articles of Amen to	ndment .	Section 1
	Articles of Incorp	oration	
alcony Gymnastics & Personal Fitness	of Inc		i de la companya de La companya de la co
		led with the Florida Dept. of Sta	te)
P97000045884			<u></u> ,
F 57 00004 3004	(Document Number of Co	 rporation (if known)	
rsuant to the provisions of section 607. Articles of Incorporation:	1006, Florida Statutes, this <i>Flor</i>	rida Profit Corporation adopts the	e following amendme
If amending name, enter the new na	me of the corporation:		
me must be distinguishable and con			The new
rd "chartered," "professional associa  Enter new principal office address,	tion," or the abbreviation "P.A if applicable:		
rd "chartered," "professional associa  Enter new principal office address, rincipal office address MUST BE A S	tion," or the abbreviation "P.A if applicable: TREET ADDRESS )  -		
rd "chartered," "professional associa  Enter new principal office address, rincipal office address MUST BE A S	tion," or the abbreviation "P.A if applicable: TREET ADDRESS )		
ord "chartered," "professional associa  Enter new principal office address, rincipal office address MUST BE A S  Enter new mailing address, if appli	tion," or the abbreviation "P.A if applicable: TREET ADDRESS )		
ord "chartered," "professional associa  Enter new principal office address, rincipal office address MUST BE A S  Enter new mailing address, if appli	tion," or the abbreviation "P.A if applicable: TREET ADDRESS )		
Enter new principal office address, rincipal office address MUST BE A S  Enter new mailing address, if appli (Mailing address MAY BE A POST)  If amending the registered agent an	tion," or the abbreviation "P.A  if applicable: TREET ADDRESS )  cable: OFFICE BOX)  door registered office address		
Enter new principal office address, rincipal office address MUST BE A S  Enter new mailing address, if appli (Mailing address MAY BE A POST of a memory of the registered agent and new registered agent and/or the new regist	tion," or the abbreviation "P.A  if applicable: TREET ADDRESS )  cable: OFFICE BOX)  door registered office address		
rd "chartered," "professional associal Enter new principal office address, rincipal office address MUST BE A S  Enter new mailing address, if applia (Mailing address MAY BE A POST of a mending the registered agent and appliance of the second agent and a mending the registered agent and appliance of the second agent and a mending the registered agent and agent and agent and agent and agent agent and agent	tion," or the abbreviation "P.A  if applicable: TREET ADDRESS )  cable: OFFICE BOX  d/or registered office address v registered office address:	in Florida, enter the name of the	
. If amending the registered agent an new registered agent and/or the new	tion," or the abbreviation "P.A  if applicable: TREET ADDRESS )  cable: OFFICE BOX)  d/or registered office address v registered office address: Edwin A "Trip" Green III	in Florida, enter the name of the	
Enter new principal office address, rincipal office address MUST BE A S  Enter new mailing address, if applia (Mailing address MAY BE A POST of Mailing address MAY B	if applicable: TREET ADDRESS )  cable: OFFICE BOX)  d/or registered office address vegistered office address: Edwin A "Trip" Green III  4 SE Broadway, Ocala Fl. 344	in Florida, enter the name of the	<u>e</u>

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.

X Change	<u>PT</u>	John Do	<u>e</u>	
X Remove	<u>v</u>	Mike Jo	ne <u>s</u>	
X Add	<u>sv</u>	Sally Sm	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) X Change	PT	_	Kelly G. Hamer	506 SE Sanchez Avenue
Add				Ocala, FL 34471
Remove				
2) Change				
Add				
Remove				
3 ) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change	<del></del>	<del></del>		
Add				
Remove				

If amending or adding additional Art Attach additional sheets, if necessary).	(Be specific)
· · · · · · · · · · · · · · · · · · ·	·
f an amandment musicles for an avail	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
<del>-</del> ·	

The date of each amendment date this document was signed	11/16/2015	
		, if other than the
Effective date if applicable:	11/16/2015	
The time that it is production.	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory tiling requirements, this date will be Department of State's records.	I not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
■ The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
	re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):	
"The number of votes	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/wer action was not required.	re adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/wer action was not required.	re adopted by the incorporators without shareholder action and shareholder	
DatedSignature	11/14/15 Kell A Hama	
(E so	By a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court popointed fiduciary by that fiduciary)	_
	Kelly G Hamer	
	(Typed or printed name of person signing)	Seco -
	President	<u> </u>
	(Title of person signing)	15 15 15 15 15 15 15 15 15 15 15 15 15 1