2003 FOR PROFIT CORPORATION

UN	IFORM E	BUSINES	Aug 21, 2003 8:00 am							
DOCUMENT # P9900002846 1. Entity Name FITZNESS INTERNATIONAL, INC.						Secretary of State 08-21-2003 90106 010 ***150.00				
Principal Place of Business 4440 SE ARCHER RD #707 GAINESVILLE FL 32608 Mailing Address 4440 SE ARCHER RD #707 GAINESVILLE FL 32608										
2. Principal Place of Business 37 AVE 3. Mailing Address NV Suite, Apt. #, etc.					4vE	CHECK HERE IF MAKING CHANGES				
Gity & Stat	FL 30	sol p (Sity & Slate F	Country			OT APPLICABI	LE No	plied For It Applicable	
3061	20 HIQ	Chua I	3260G	Alach	ma	5. Certificate of Sta		Fee Require		
6. Name and Address of Current Registered Agent Nar						7. Name and Address of New Registered Agent				
KOEHLER, FITZ 4440 SE ARCHER RD #707					Address (I	ress (RO. Box Normher is Not secontable) UE				
GAINESVILLE FL 32608					301			FL Z	600	
	named entity submits		durpose of changing its	registered office	or register	ed agent, or both, in the	ne State of Florida.	I am familiar with,	and accept	
SIGNATURE .										
SIGNATURE .	Signature, typed or printed na	me of registered agent od titl	i applicable. (NOTE	Registered Agent sign	nature required	when reinstating)	C	DATE		
FILE NOW!!! FEE IS \$550.00 After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State						Trust Fun	Campaign Financing ad Contribution.	☐ Added	May Be to Fees	
10. TITLE	DP	OFFICERS AND DIRE	ECTORS Delete	11.		ADDITIONS/CHAN	GES TO OFFICERS	AND DIRECTORS	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	KOEHLER, FITZ 4440 SE ARCHER GAINESVILLE FL		□ Dotate	NAME STREET ADDRESS CITY-ST-ZIP		1357 71W	J 3374U 52606	E. /		
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TITLE Name Street address City-St-Zip	·: _		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE SULLIRED SIGNATURE AND TYPED OR PRINTED NAME OF IGNING OFFICE OR DIRECTOR

Daytime Phone #

FIVE NESS

To whom it may concern,

I'm quite concerned. I changed addresses at the beginning of the year, and mailed a letter to the state to notify-you-all-of that.—I-recently received a late form saying that I owe \$550.00 for my incorporation fee. I am enclosing a copy of the packet you sent me with the forwarding label still attached. Please make note of my new address and accept my \$150 fee. I assure you that I take the state incorporation process very seriously as I love my tiny business; Iwould not put that off. I appreciate your help in this matter.

Thank you very much,

Fitz Koehler

President

Fitzness International Inc.

Thank you very muca,