47.7.71

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## Department of State

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LLC REGISTERED AGENT CHANGE CEDAR PARK FITNESS PARTNERS, LLC

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JUN 2 5 2024

## 'STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursu submi Florid	tant, to the provisions of sections 605.0114 or 605.01 its the following statement in order to change its the following	registered office or r	egistered agent, or both, in the State of	
1. <b>N</b> 8	ame of the Limited Liability Company:	ARK FITNESS PA	ARTNERS, LLC	
2. (a)	5001 183A Toll Road	(b) 5001 183A Toli Road		
.,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	SUITE L100	SUITE	L100	
	CEDAR PARK, TX 78613	CEDAF	CEDAR PARK, TX 78613	
0:2	1/19/2016		0012751	
P4 <b>3</b> .	Date of filing/registration in Florida	4.	Document number	
5. (a)	COGENCY GLOBAL INC		_	
	Registered Agent and Registered Office shown on the records of	of the Florida Dept. of Star	te:	
	115 N CALHOUN ST			
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS)	<del>-</del>	
	STE 4		20	
	TALLALIACOFF	20224		
	TALLAHASSEE , F	TL_32301_	<del>-</del>	
(Ъ)	Capitol Corporate Services, Inc.		2024	
(0)	Enter name of NEW Registered Agent and/or NEW Register	ed Office address:		
	;	· · · · · · · · · · · · · · · · · · ·	=	
	515 East Park Avenue 2nd Fl		2:	
	NEW Registered Office Address:	<del></del>	- 20	
	200		.,	
INH	, .	·	-	
	Tallahassee, F	rL_32301	_	
the cha agent was/w the art	limited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the members icles of organization or the operating agreement of the property of th	of the registered office liability company, it is of the limited liability are limited liability company.	e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in	
	ature of a member or authorized representative of a member		Printed or typed name of signoc	
the ob- to mer	thy accept the appointment as registered agent and a ions of all statutes relative to the proper and complet ligations of my position as registered agent as provia ely reflect a change in the registered office address, a	le performance of my led for in Chapter 603 I hereby confirm that	duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been	
Circus - 11	3 mm Include Brian			
əignali	are of Registered Agent behal	f of Capital Carpa	orate Services, Inc.	

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

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