Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H230004135173)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name

: REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062

Phone

: (888)705-7274

Fax Number

: (888)706-7274

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Cm-il	Address:		
CINDIA	MUUI COO.		

REGISTERED AGENT CHANGE FITWISE INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO:

Amendment Section Division of Corporations

Fits SUBJECT:	VISE INC.
	F2100004617
	nent of Change of Registered Office/Agent and fee are submitted for filing
Please return all co	respondence concerning this matter to the following:

Lori V	/ha	len
--------	-----	-----

Name of Contact Person	
Registered Agent Solutions, Inc.	
Firm/Company	- -
Corporate Center One, 5301 Southwest Pkwy, Ste 400	É
Address	3
Austin, Texas 78735	3
City/State and Zip Code	(
E-mail address: (to be used for future annual report notification)	

For further information concerning this matter, please call:

Lori Whalen	at (⁸⁸⁸	705-7274	
Name of Contact Person	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

Tallahassee, FL 32314

P.O. Box 6327

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of ch	provisions of sections 607.0, ange is submitted for a corpo er to change its registered off	ration organized	ınder the la	iws of the State of	Delaware	
1. The name of	the corporation: Fitwise Ir	nc.				
	office address: 5119 Gra		are Dr D	elray Beach	, FL 3348	4
3. The mailing a	address (if different):					
4. Date of incor	poration/qualification: 8/12	2/2021	Document	number: F2100	00004617	
	d street address of the current rtment of State: (If resigned,		and register	ed office on file w	with the	
	TRAC - THE REG	ISTERED A	GENT (COMPANY	20	3
	236 E. 6TH AVE.					3
	TALLAHASSEE		FL	32303	MECHA TALLEHA TALLEHA	- ;
6. The name and (if changed):	d street address of the new re	gistered agent (if o	changed) ar	nd/or registered of	ffice E	
	Registered Agent	Solutions, I	nc.			7
	2894 Remington (Green Ln. S	Ste. A		_	
		P.O. Box NOT	•	_	_	
	Tallahassee	FL	3230	8	_	
The street address changed will	ess of its registered office an be identical.	d the street addre	ss of the b	usiness office of i	ts registered a	gent,
Such change wa authorized by th	as authorized by resolution can board, or the corporation	luly adopted by it has been notified	s board of in writing	directors or by ar of the change.	officer so	
s/ Jaclyr	n Wright	Jacl	yn Wrigl		Authorized	Person
hereby accept further agree to f my duties, an locument is bei	re of an officer or director the appointment as register to comply with the provision of I am familiar with and acc ing filed merely to reflect a c s been notified in writing of t	ed agent and agr s of all statutes r cept the obligatio hange in the regi this change.		this capacity this capacity he proper and con sitton as registere ce address, I here		iance f this it the
Щ	ملك زوهم	12	/4/2023			
Sig	nature of Registered Agent			Date		
f signing on be	half of an entity:					
	er, Assistant Secretary	,,				
Ty	yped or Printed Name ★ ★ ★ ■	HING FFF: \$3	5 M + + +			
	~ ~ ~ •		7 181 7 7 7			