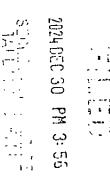
L16000095723

	equestor's Name)	
(RE	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	·
(Cit	ty/State/Zip/Phone #	;)
	•	
PICK-UP	WAIT	MAIL
	_	_
		<u>.</u>
(Bu	isiness Entity Name)
(Do	ocument Number)	
Certified Copies	Certificates o	f Status
	_	
Special Instructions to	Filing Officer:	





700440548347



RA Chang

JAN 0 3 28.5 D CUSHING



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088
If there are any issues
please contact Cheyanne at
850-202-1882

Date:	12/30/2024						
Name:	Cheyanne Davis						
Reference #	2566219	-					
	FITNESS VE	NTURES 1, LLC					
☐ Articles of Incorporation/Authorization to Transact Business ☐ Amendment ✔ Change of Agent ☐ Reinstatement ☐ Conversion ☐ Merger ☐ Dissolution/Withdrawal							
_	ous Name						
Authorized A	mount: \$25.00						

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

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

Name of the limited liability company:		FITNESS VENTURES 1. LLC				
2. (a)	no change	(h)	no change			
w. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (//	Mailing address of limited liability comp	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	5/19/2016		L16000095723			
3.	Date of filing/registration in Florida	4.	Document number			
5. (a)	LOWMAN, JR., WILLIAM R., ESQ					
J. (a)	Registered Agent and Registered Office shown on the records of t	the Florida Dept.	. of State:			
	SHUFFIELD. LOWMAN & WILSON, I	PA				
	Registered Office Address (MUST BE FLORIDA STREET A					
	1000 LEGION PLACE, SUITE 170					
	1000 EEGION FEACE, SUITE 170	······································	2024 DE			
	ORLANDO FL_	32801		, , ,		
(b)	Cogency Global Inc.		: . 30	l cr		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office address:	· · · · · · · · · · · · · · · · · · ·	[+ (
	115 North Calhoun Street, Suite 4	1	္ ယ္			
	NEW Registered Office Address:					
	Tallahassee , FL	32301	<u></u>			
the cha agent v	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of	vs of the State the registered ability compar	e of Florida, it is hereby confirmed that doffice and the business office of the reny, it is hereby confirmed that the chan	egistered ge(s)		
the arti	icles of organization or the operating agreement of the	limited liabili	ity company.	aca m		
	/s/ Noemi Romero		Noemi Romero			
Signat	Signature of a member or authorized representative of a member		Printed or typed name of signee			
provisi the obl to mere	by accept the appointment as registered agent and agre ins of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address. I h I'm writing of this change.	ee to act in th performance of I for in Chapt iereby confirn	nis capacity. I further agree to comply of my duties, and I am familiar with an ter 605, F.S. Or, if this document is being that the limited liability company has	with the d accept ing filed been		
	/s/ Tim Mayville					
Signatu	re of Registered Agent					