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, , , , ,						
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II5 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088
If there are any issues
please contact Cheyanne at
850-202-1882

Date:	12/30/2024	
	Cheyanne Davis	
Reference #	2566219	<u> </u>
	FITNESS V	VENTURES 2, LLC
☐ Article ☐ Amer ☐ Chan ☐ Reins	es of Incorporation/Authorization  Indment  Inge of Agent  Instatement  Inversion	
Fictiti	er plution/Withdrawal ious Name r	,
Authorized /	Amount: \$25.00	



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 Patrice at 850-202-9071

Date:	12/30/2024		
	Cheyanne Davis	<del>_</del>	
Reference #:	2566219		
		SS VENTURES 2, LLC	
Article	s of Incorporation/Authoriz	zation to Transact Business	
Amen	dment		
Change	ge of Agent		20 S
☐ Reinst	atement		24 DE ECRI
☐ Conve	ersion		2024 DEC 30 SECRETAR) TALLAHA
☐ Merge	r		SSE 3
☐ Dissol	ution/Withdrawal		9:24 SIME E.FL
Fictition	ous Name		, riv
Other_	<del>, ,</del>		
Authorized A	mount:\$25.00		
Signature:	Chum Paire		

F: 800.944.6607

## 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.

1. Name of the limited liability company:			F	FITNESS VENTURES 2, LLC			
2.	(a)	no change  Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_ (b	):	no change  Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)		
			-				
		3/21/2017			L17000068607		
3.		Date of filing/registration in Florida	4.		Document number		
5.	(a)	LOWMAN, JR., WILLIAM R., ESQ.					
	, ,	Registered Agent and Registered Office shown on the records of the	e Florida	Dept. of State	e:		
(b)		SHUFFIELD, LOWMAN & WILSON, P.A.			-		
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			SE		
		1000 LEGION PLACE, SUITE 1700	)		ARE DE		
		ORLANDO, FL_	3	2801	2021 DEC 30 F		
	(b)	Cogency Global Inc.			<b>第二号</b> 计		
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office ad</u>			<b>三</b> 9:24		
		115 North Calhoun Street, Suite 4			•		
		<u>NEW</u> Registered Office Address:					
		Tallahassee , FL	3	2301	-		
the age	e cha ent v is/we	imited liability company is not organized under the laws inge or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liab are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	he reginated in the second in	stered office ompany, it i sited liabilit	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in		
	/s/ Noemi Romero				Noemi Romero		
	-	ture of a member or authorized representative of a member			Printed or typed name of signee		
pre the to	ovisi v ohl mere	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided By reflect a change in the registered office address. I he I'm writing of this change.	e to act perform for in ( greby co	in this cap ance of my hapter 60: onfirm that	acity. I further agree to comply with the duties, and I am familiar with and accept b. F.S. Or, if this document is being filed the limited liability company has been		
		/s/ Tim Mayville					
Sig	znatū	re of Registered Agent					