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

Date:1	2/30/2024		
Name:	Cheyanne Davis	_	
Reference #:_	2566219	_	
		URES LUBBOCK, LLC	
Articles	of Incorporation/Authorizatio	n to Transact Business	
Amendr	ment		~)
Change	of Agent		2024 DEC 30 SECRETARIO
Reinsta	tement		EC 31
☐ Convers	sion		ASSE OF THE O
Merger			mon si
Dissolut	tion/Withdrawal		
☐ Fictitiou	s Name		
Other_			
Authorized Am	ount: \$25.00		
Signature:	(Uhuma Paine		

## 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:	FITNESS VENTURES LUBBOCK, LLC			
	no change		no change		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)		
2	3/3/2020		L17000146681		
3.	Date of filing/registration in Florida	4.	Document number		
5. (					
	Registered Agent and Registered Office shown on the records of the	ne Florida Dept. of :	State:		
	SHUFFIELD, LOWMAN & WILSON, F				
	Registered Office Address (MUST BE FLORIDA STREET A.				
	1000 LEGION PLACE, SUITE 1700				
	ORLANDO , FL_	32801			
(b)	Cogency Global Inc.		2024 DEC 30 SECRETAR TALLAHI		
	Enter name of NEW Registered Agent and/or NEW Registered C	Office address:	TALLAHNSSEE		
	115 North Calhoun Street, Suite 4				
	NEW Registered Office Address:	·	M 9: 27 Asset, Al		
	, FL_	32301	<u> </u>		
the cagen	limited liability company is not organized under the law hange or changes are made, the Florida street address of t t will be identical. Or, in the case of a Florida limited lial were authorized by an affirmative vote of the members of rticles of organization or the operating agreement of the I	the registered of bility company, i the limited liab	fice and the business office of the registered it is hereby confirmed that the change(s) illity company or as otherwise provided in		
/s/ Noemi Romero			Noemi Romero		
_	nature of a member or authorized representative of a member		Printed or typed name of signee		
prov the o to me	reby accept the appointment as registered agent and agre isions of all statutes relative to the proper and complete p bligations of my position as registered agent as provided grely reflect a change in the registered office address. I had in writing of this change.	ee to act in this operformance of i for in Chapter ereby confirm th	capacity. I further agree to comply with the my duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed hat the limited liability company has been		
	/s/ Tim Mayville				
Sign	iture of Registered Agent				