## L180000529 17

(Requestor's Name)				
(Address)				
(Addre	ss)			
(City/Si	tate/Zip/Phone	· #)		
PICK-UP	WAIT	MAIL MAIL		
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(Document Number)				
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SECRETARY OF STATE



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

Date:	12/30/2024	
Name:	Cheyanne Davis	
Reference #	2566219	
	FITNESS VENTURES	S - TUSCALOOSA, LLC
☐ Ame  ☑ Char ☐ Rein	les of Incorporation/Authorization to ndment nge of Agent statement version	Transact Business  SECRETARY OF STATE  A 9.19
	ger olution/Withdrawal ious Name	
Othe	r	
Authorized	(A) D:	
Signature: _	Cally many many	<u></u>

## 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: FITNES			TNESS VEN	ESS VENTURES - TUSCALOOSA, LLC	
2.	(a)	no abondo	_ (b)	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)	
			<u> </u>		
		3/1/2018		L18000052919	
3.		Date of filing/registration in Florida	4.	Document number	
5. (:	(a)	WILLIAM R. LOWMAN, JR., ESQ.			
		Registered Agent and Registered Office shown on the records of the	e Florida Dept. o	of State:	
		SHUFFIELD, LOWMAN & WILSON, P	.A.		
		Registered Office Address (MUST BE FLORIDA STREET AL	DDRESS)		
		1000 LEGION PLACE, STE 1700			
		ORLANDO . FL_	32801	2024 DEC 30 SECRETAR TALLAH	
	(b)	Cogency Global Inc.		TAR AH	
(	()	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered O</u>		M 9: 19	
		115 North Calhoun Street, Suite 4			
		NEW Registered Office Address:			
		Tallahassee , FL	32301		
the ag wa	e cha ent v is/wo	imited liability company is not organized under the laws inge or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liab are authorized by an affirmative vote of the members of teles of organization or the operating agreement of the li	s of the State he registered pility compan the limited li	office and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in	
		/s/ Noemi Romero		Noemi Romero	
	Signa	ture of a member or authorized representative of a member		Printed or typed name of signee	
pr the to	ovisi e obl mere	hy accept the appointment as registered agent and agre- ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address. I he I in writing of this change.	e to act in thi verformance of for in Chapte creby confirm	s capacity. I further agree to comply with the of my duties, and I am familiar with and accept or 605, F.S. Or, if this document is being filed that the limited liability company has been	
_		/s/ Tim Mayville			
Si	gnatu	re of Registered Agent			