## L18000164114

(Re	questor's Name)	<u> </u>				
(Ad	dress)					
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(Cit	y/State/Zip/Phone #)	,				
PICK-UP	WAIT	MAIL				
(Bu	siness Entity Name)					
(Document Number)						
ertified Copies	Certificates (	of Status				
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Account#: 120000000088
If there are any issues
please contact Cheyanne at
850-202-1882

Date:	12/04/2024					
Name:_	Cheyanne Davis					
Referer	nce #: <b>2566219</b>					
Entity N	Entity Name: FITNESS VENTURES - LAWRENCE, LLC					
	Articles of Incorporation/Authorization t	o Transact Business				
	Amendment					
<b>V</b>						
<u></u>	Reinstatement					
	Conversion					
	Merger					
<u> </u>	☐ Dissolution/Withdrawal					
F	Fictitious Name					
	Other					
Authoria	zed Amount: \$25					
Signatu	Ira: (Unum 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.

Name of the limited liability company:		FITNESS VENTURES - LAWRENCE, LLC		
		no change	(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)
		7/1/2018		L18000164114
3.		Date of filing/registration in Florida	4.	Document number
		LONAMAN ID MARILIAMA D 500		
5. (a)	(a)	Registered Agent and Registered Office shown on the records of th	- le Florida Dept	ept. of State
		SHUFFIELD, LOWMAN & WILSON, F		•
		Registered Office Address (MUST BE FLORIDA STREET A)		<del></del>
		1000 LEGION PLACE, SUITE 1700		2024 C
		ORLANDO FL_	32801	TALLANASS
(b)	b)			m. P III
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u>	Office address:	FLOS D
		115 North Calhoun Street, Suite 4		DA F
		NEW Registered Office Address:		<del></del>
		Tallahassee FL	32301	01
the a ager was	cha nt w /we	imited liability company is not organized under the lawinge or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited liability and aftirmative vote of the members of cles of organization or the operating agreement of the limited liability.	s of the State he registered pility compa the limited	red office and the business office of the registered pany, it is hereby confirmed that the change(s) ed liability 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
prov the a to m	visio obli iere	by 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 by reflect a change in the registered office address. I he I'm writing of this change.	e to act in the erformance for in Chaptereby confiri	this capacity. I further agree to comply with the ce of my duties, and I am familiar with and accept apter 605, F.S. Or, if this document is being filed firm that the limited liability company has been
		/s/ Tim Mayville		

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25,00

Signature of Registered Agent