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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 . P: 866.625.0838 F: 866.625.0839 4 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	
		TURES - NORMAN, LLC
☐ Article	es of Incorporation/Authorization	on to Transact Business
☐ Amen	dment	ST.
✓ Change	ge of Agent	SECRETAR SECRETAR
Reins	tatement	
☐ Conve	ersion	
☐ Merge	er	ار من المار ال المار المار ال
Dissol	lution/Withdrawal	·
Fictition	ous Name	
Other		
Authorized A	mount: \$25.00	
Signature:	(Unume 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. 1	same of the limited liability company:	FITNESS	VENTURES - NORMAN, LLC
2. (a	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)
	7/11/2018		L18000172994
3.	Date of filing/registration in Florida	4.	Document number
5. (a	SHUFFIELD, LOWAN & WILSON, P.		
	Registered Agent and Registered Office shown on the records of the	ne Florida Dep	ot, of State:
1000 LEGION PLACE STE 1700			
	ORLANDO FL_	3280	2010 SECT
(b	Cogency Global Inc.		元 · 元
(0)	Enter name of NEW Registered Agent and/or NEW Registered C	Office addres	
	115 North Calhoun Street, Suite 4		SEC. 27
	NEW Registered Office Address:		726 77E
	Tallahassee , FL_	3230	<u></u>
the clagent was/v	limited liability company is not organized under the law nange or changes are made, the Florida street address of a will be identical. Or, in the case of a Florida limited lial vere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the l	the register bility comp I the limited	ed office and the business office of the registered any, it is hereby confirmed that the change(s) I liability 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
provi the or to me	eby accept the appointment as registered agent and agressions of all statutes relative to the proper and complete poligations of my position as registered agent as provided rely reflect a change in the registered office address. I hed in writing of this change.	re to act in performanc I for in Cha ereby confi	this capacity. I further agree to comply with the e of my duties, and I am familiar with and accept pier 605, F.S. Or, if this document is being filed rm that the limited liability company has been
	/s/ Tim Mayville		
Signa	ture of Registered Agent		