(R	equestor's Name)
(A	ddress)
(A	ddress)
(C	ity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(B	usiness Entity Name)
(D	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to Fili	ing Officer:
	OKC. NORNE

Office Use Only



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FILED 2024 DEC -5 PH 12: 10

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2024 DEC -5 PH 12: 118



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 Cheyanne at
850-202-1882

Date:	12/04/2024			
Name:	Cheyanne Davis	_		
Reference #	2566219	_		
Entity Name:	FITNESS VENTU	RES - BOULDER, LLC		
☐ Article	es of Incorporation/Authorization	to Transact Business		
Amen	dment			
Reins	tatement			
Conve	ersion			
☐ Merge	er			
☐ Disso	lution/Withdrawal			
Fictition	ous Name			
Other				
Authorized A	mount: \$25			
Signature [.]	(Oruma Paine			



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

Date:	12/04/2024				
Name:	Cheyanne Davis	_			
Reference #:	2566219	<u> </u>			
Entity Name:	FITNESS VENTU	JRES - BOULDER, LLC			
☐ Article	es of Incorporation/Authorization	to Transact Business			
Amen	dment				
✓ Change of Agent					
Reinstatement					
☐ Conve	Conversion				
☐ Merge	Merger				
☐ Dissolution/Withdrawal					
☐ Fictitio	ous Name				
Other_					
Authorized A	mount: \$25				
Signature:	(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.

1. N	lame of the limited liability company:	FITNESS VEN	FITNESS VENTURES - BOULDER, 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)		
3.	5/6/2019 Date of filing/registration in Florida		L19000115081 Document number		
			130CUMENT IMMOCI		
5. (a	Registered Agent and Registered Office shown on the records of the		State [.]		
	SHUFFIELD, LOWMAN & WILSON, F				
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					
	1000 LEGION PLACE STE 1700				
	ORLANDO .FL_	32801			
(b)	Cogency Global Inc.				
` '	Enter name of NEW Registered Agent and/or NEW Registered C	Office address:	202		
	115 North Calhoun Street, Suite 4		FIL!		
	NEW Registered Office Address		-5 LE		
			- PH C		
	Tallahassee, FL_	32301	PH 12: 1		
the ch agent was/w	limited liability company is not organized under the law ange or changes are made, the Florida street address of a will be identical. Or, in the case of a Florida limited lial were authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the l	the registered of bifity company, the limited liab	fice and the business office of the registered it is hereby confirmed that the change(s) ility company or as otherwise provided in		
	/s/ Noemi Romero		Noemi Romero		
-	ature of a member or authorized representative of a member		Printed or typed name of signee		
provis the ob to mei	by accept the appointment as registered agent and agre- sions 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 had in writing of this change.	performance of n Tör in Chapter (ny duties, and I am familiar with and accept 505, F.SOr, if this document is being filed		
	/s/ Tim Mayville				
Signati	ure of Registered Agent				