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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	<u> </u>					
Reference #	2566219						
Entity Name	FITNESS VENTU	IRES - CHAMPAIGN, LLC					
Article	es of Incorporation/Authorization	on to Transact Business					
☐ Amer	ndment						
✓ Change of Agent							
☐ Reins	statement						
☐ Conv	☐ Conversion						
☐ Merger							
☐ Dissolution/Withdrawal							
☐ Fictiti	ous Name						
Other	·						
Authorized A	Amount: \$25						
Signature:	(Chum Paine						



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Date:	12/04/2024	
	Cheyanne Davis	<u></u>
Reference #:	2566219	
		JRES - CHAMPAIGN, LLC
☐ Article	es of Incorporation/Authorization	on to Transact Business
Amen	dment	
	ge of Agent	
Reinst	tatement	
☐ Conve	ersion	
Merge	er	
Dissol	ution/Withdrawal	
Fictition	ous Name	
Other	· · · · · · · · · · · · · · · · · · ·	
_		
Authorized A	mount: \$25	
Signature:	(Churma 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	nme of the limited liability company:	-TINESS VEN	TURES - CHAMPAIGN, 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)
	5/6/2019		L19000115093
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 th	e Florida Dept. o	f State.
	SHUFFIELD, LOWMAN & WILSON, P	د ا	
	Registered Office Address (MUST BE FLORIDA STREET AI	<u> </u>	
	1000 LEGION PLACE, STE 1700	_ BEG FI	
	ORLANDO FL_	32801	FILED PAIR: 13
(b)	Cogency Global Inc.	- 27 HA	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered O</u>	Office address.	
	115 North Calhoun Street, Suite 4		•
	NEW Registered Office Address:	-	
	Tallahassee , IFL	32301	
the cha agent v was/w	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 ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the li	s of the State of the registered of oility company the limited lia	office and the business office of the registered, it is hereby confirmed that the change(s) bility 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
provisi the obi to mer	by accept the appointment as registered agent and agre- ions 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 d'in writing of this change.	e to act in this erformance of for in Chapter reby confirm i	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 that the limited liability company has been
	/s/ Tim Mayville		
Signatu	re of Registered Agent		