(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
WAIT MAIL
(Business Entity Name)
(Document Number)
Certificates of Status
Filing Officer:
DEC. 6 2024

Office Use Only



000440564220

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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

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

Date:	12/04/2024						
Name:	Cheyanne Davis						
Reference #:	2566219						
	FITNESS VENTURE	S - CLARKSVILLE, LLC					
Article	s of Incorporation/Authorization to	Transact Business					
☐ Amen	dment						
✓ Change of Agent							
Reinstatement							
☐ Conve	ersion						
☐ Merge	r						
☐ Dissol	ution/Withdrawal						
☐ Fictitio	ous Name						
Other_							
Authorized A	mount: <b>\$25</b>						
Signature:	Chyme Paine						



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

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

Date:_	12/04/2024
Name:	Cheyanne Davis
Refere	nce #:
	Name: FITNESS VENTURES - CLARKSVILLE, LLC
	Articles of Incorporation/Authorization to Transact Business
	Amendment
	Change of Agent
	Reinstatement
	Conversion
	Merger
	Dissolution/Withdrawal
	Fictitious Name
	Other
Authori	ized Amount:\$25
Signatu	ure:

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

J # 4 1 1

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.	Na	me of the limited liability company:	ITNE	TNESS VENTURES - CLARKSVILLE, LLC		
		no change		(b)	no ch <b>a</b> nge	
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_		Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)	
		0404000	-			
3.		Date of filing/registration in Florida	4,		L20000050937  Document number	
					Document number	
5.	(a)	LOWMAN, JR., WILLIAM R., ESQ. Registered Agent and Registered Office shown on the records of the	e Flore	da Dent. of St	ore:	
		SHUFFIELD, LOWMAN & WILSON, P		da techt, or or	urc.	
		Registered Office Address (MUST BE FLORIDA STREET AL		<u>SS)</u>	<del>_</del>	
		1000 LEGION PLACE SUITE 1700		<del></del>		
		ORLANDO, FL_		32801	PILED 2024 DEC -5 PM 12: 03	
(b		Cogency Global Inc.			E -5	
		Enter name of NEW Registered Agent and/or NEW Registered O	office a	iddress:	7 (	
		115 North Calhoun Street, Suite 4			H12:1	
		NEW Registered Office Address:				
		Tallahassee, FL_		32301	_	
the age was	chai nt w i/we	mited liability company is not organized under the laws nge or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited liabore authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	he reg offity of the li	istered offi company, it mited liabil	ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in	
		/s/ Noemi Romero			Noemi Romero	
S	gnan	ure of a member or authorized representative of a member			Printed or typed name of signee	
pro the to n	visie obli uere	y accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pi igations of my position as registered agent as provided by reflect a change in the registered office address. The Fin writing of this change.	e to a erfori for in ereby	et in this ca nance of m Chapter 6t confirm tha	pacity. I further agree to comply with the valuties, and I am familiar with and accept 05, F.S. Or, if this document is heing filed the limited liability company has been	

/s/ Tim Mayville
Signature of Registered Agent