

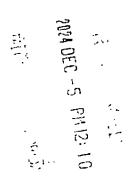
(Requestor's Name)				
•	(Address)			
-	(Address)			
	(, 100, 000)			
	(City/State/Zip/Phone #)			
— a.a		<b>—</b>		
PICK-UP	WAIT	MAIL		
	(Business Entity Name)			
	(Business Errity Name)			
	(Document Number)	•		
Certified Copies	_ Certificates of	Status		
Contined Copies		<u> </u>		
Special Instructions to	Filing Officer			
	Thing officer.			
		, 1		
		". 40n		
		DL TYPE		
ì		~ C		
		2012		
ļ		DEL - 6 2024		
}		1		

Office Use Only



300440564373







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 #: <b>2566219</b>	_				
Entity	Name: FITNESS VENTURES	- MURFREESBORO, LLC				
	Articles of Incorporation/Authorization	to Transact Business				
	Amendment					
<b>/</b>						
	Reinstatement					
	Conversion					
	☐ Merger					
	☐ Dissolution/Withdrawal					
	☐ Fictitious Name					
	Other					
Author	ized Amount: \$25	<del></del>				
Signati	ure: Unyme Paine	- <del></del> -				



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	_					
	FITNESS VENTURES	- MURFREESBORO, LLC					
Articl	Articles of Incorporation/Authorization to Transact Business						
Ame	Amendment						
✓ Char	nge of Agent						
Rein	Reinstatement						
☐ Conv	☐ Conversion						
☐ Merg	☐ Merger						
Disso	☐ Dissolution/Withdrawal						
Fictiti	Fictitious Name						
Other							
Authorized A	Amount: \$25						
Signature: _	Ohyme 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. Name of the limited liability company: FIT		ITNESS VENTURES - MURFREESBORO, LLC			
2. (	a )	no change		(b)	no change
	•	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)			Mailing address of limited hability company (Note: MAY BE POST OFFICE BOX)
			_		
7		2/19/2020			L20000050950
3.		Date of filing/registration in Florida	4,		Document number
5. (	a)	Lowman, William R, Jr. Esq.			_
		Registered Agent and Registered Office shown on the records of	the Flor	rida Dept of St	ate:
		SHUFFIELD, LOWMAN & WILSON,			_
		Registered Office Address (MUST BE FLORIDA STREET)	(DDRE	<u>ESS)</u>	
		1000 LEGION PLACE STE 1700	)		20
		ORLANDO		32801	F 1
(1	o) .	Cogency Global Inc.			· ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '
		Enter name of NEW Registered Agent and/or NEW Registered	Office	address:	PR D
		115 North Calhoun Street, Suite 4	4		PH 12:
	NEW Registered Office Address				
					_
		Tallahassee		32301	_
the cagen	har Uw wei	mited liability company is not organized under the law age or changes are made, the Florida street address of ill be identical. Or, in the case of a Florida limited lia are authorized by an affirmative vote of the members of thes of organization or the operating agreement of the	the reability of the 1	gistered offic company, it imited liabili	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
Sig	nan	ite of a member or authorized representative of a member			Printed or typed name of signee
prov the o to m	isto blig grej	y accept the appointment as registered agent and agrous of all statutes relative to the proper and complete gations of my position as registered agent as provided by reflect a change in the registered office address. The in writing of this change.	ee to c perfor l for in weeby	we in this cap mance of my in Chapter 66 confirm that	pacity. I further agree to comply with the duties, and I am familiar with and accept 25, F.S. Or, if this document is being filed the limited liability company has been
		/s/ Tim Mayville			
Sign	murc	e of Registered Agent			