L20000169273

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

Date:	12/30/2024		
	Cheyanne Davis		
Reference #	2566219	_ _	
		ES - WICHITA FALLS, LLC	
Articl	es of Incorporation/Authorization	on to Transact Business	
☐ Amer	ndment	 	3 2 3
🗸 Chan	ge of Agent	100 C	. <u>, , , , , , , , , , , , , , , , , , ,</u>
☐ Reins	statement		30
☐ Conv	ersion		PH
Merg	er	. ^. 	
Disso	olution/Withdrawal	1.,	
☐ Fictiti	ous Name		
Othe	ſ		
Authorized A	Amount: \$25.00		
Signature:	Oryma Paire		

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.

Name of the limited liability company:		FITNESS VENTURES - WICHITA FALLS, 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.		6/23/2020 Date of tiling/registration in Florida		L20000169273 Document number	
5.	(a)	LOWMAN, JR., WILLIAM R., ESC) ,		
		Registered Agent and Registered Office shown on the records of SHUFFIELD, LOWMAN & WILSON, Registered Office Address 1000 LEGION PLACE, SUITE 170			
		ORLANDO	22001		
	(b)	Cogency Global Inc.			
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> 115 North Calhoun Street, Suite - <u>NEW Registered Office Address:</u>		FE 35	
D's	daa 1	Tallahassee, FL			
the ago wa	e cha ent v is/we	inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited light authorized by an affirmative vote of the members coles of organization or the operating agreement of the	the registered ability compar of the limited l	d office and the business office of the registered my, it is hereby confirmed that the change(s) Iiability company or as otherwise provided in	
		/s/ Noemi Romero		Noemi Romero	
T) pro tho to	herei ovisi obl mere	ture of a member or authorized representative of a member by accept the appointment as registered agent and agr ons of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address. I	ree to act in th performance d for in Chapt hereby confiri	Printed or typed name of signee his capacity. I further agree to comply with the of my duties, and I am Jamiliar with and accep- ter 605, F.S. Or, if this document is being filed m that the limited liability company has been	
no.	tified	Fin writing of this change. /s/ Tim Mayville re of Registered Agent			