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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 | 2/04/2024 | |
|----------------|--------------------------------|----------------------|
| Name: | Cheyanne Davis | <u> </u> |
| Reference #: | 2566219 | <u> </u> |
| Entity Name: | FITNESS VENT | URES - COLUMBIA, LLC |
| Articles o | of Incorporation/Authorization | |
| Amendm | nent | SECRET TALLA |
| | of Agent | PADEC -5 ATTI-01 |
| Reinstate | ement | ASSI A |
| Conversi | ion | SSEE, FL |
| ☐ Merger | | |
| ☐ Dissolution | on/Withdrawal | |
| Fictitious | Name | |
| Other | | |
| | | |
| Authorized Amo | ount: \$25 | |
| Signature: | Ohyma 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 | _ | |
| Reference | #: 2566219 | <u> </u> | |
| Entity Name | e: FITNESS VENTU | JRES - COLUMBIA, LLC | |
| ☐ Artic | les of Incorporation/Authorizatio | n to Transact Business | |
| ☐ Ame | endment | | |
| ✓ Char | nge of Agent | | |
| ☐ Rein | estatement | SEC | |
| Con | version | ALLA RETU | 1 |
| ☐ Merg | ger | TARY OF STATE AHASSEE, FL | |
| Disse | olution/Withdrawal | ∂F ST šEE, | |
| Fictit | tious Name | FL | |
| ☐ Othe | er | | |
| | | | |
| Authorized . | Amount: \$25 | | |
| Signature: | Chyma 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.

| 1. Name of the limited liability company: FITNESS VENTURES - COLUMBIA | | | | , LLC |
|---|--|--|--|---|
| | no change | _ (b) _ | no chan | - |
| | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | Mailing address of limi (Note: MAY BE PC | |
| 2 | 6/15/2021 | - <u>-</u> | L21000280 | |
| 3. | Date of filing/registration in Florida | 4. | Document numbe | r |
| 5. (a | | | | |
| | Registered Agent and Registered Office shown on the records of the | he Florida De | pt, of State: | |
| | SHUFFIELD, LOWMAN & WILSON, F | | | |
| | Registered Office Address (MUST BE FLORIDA STREET A | | | |
| | 1000 LEGION PLACE, SUITE 170 | 0 | | (0 53 |
| | ORLANDO . FL | 3280 | 01 | 9 1024 C SECF |
| (b) | | | | DEC -5 |
| | Enter name of NEW Registered Agent and/or NEW Registered Office address: | | <u>w</u> : | AY O |
| | 115 North Calhoun Street, Suite 4 | | 2024 DEC -5 AMII: 07 SECRETARY OF STATI TALLAHASSEE, FL | |
| | NEW Registered Office Address | | , | 07 ATE |
| | Tallahassee | 3230 | | |
| | Tallahassee , FL | 3230 | | |
| the ch agent was/w | limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia tere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the l | the register bility comp f the limited | red office and the business of bany, it is hereby confirmed d liability company or as ot | office of the registered I that the change(s) |
| | /s/ Noemi Romero | | Noemi Rome | |
| | nture of a member or authorized representative of a member | | Printed or typed name | - |
| provis the ob to mer | by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided why reflect a change in the registered office address. I h d'in writing of this change. | verformanc | e of my duties, and I am fa | miliar with and accept – |
| | /s/ Tim Mayville | | | |
| Signati | are of Registered Agent | | | |