L21000510499

(Requestor's Name)						
(Address)						
(Address)						
(133.333)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Boomood Emily Neme)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
Species instructions to 1 ming officer.						





400440548374

2024 DEC 30 PM 3: 55

1037 Cares

BA Change

JAN 0 3 2023 D CUSHING



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	Cheyanne Davis	
	2566219	
Entity Name:	FITNESS VENTURES	- WARNER ROBINS, LLC
Articles of	of Incorporation/Authorization	o Transact Business
Amendm	ent	
Change €	of Agent	
Reinstate	ement	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
☐ Conversi	on	
☐ Merger		- -:<
☐ Dissolution	on/Withdrawal	
Fictitious	Name	rriq C
Other		
		
Authorized Amo	ount: \$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:			NESS	NESS VENTURES - WARNER ROBINS, LLC				
,	(a)	no change Principal office address of limited liability company:		b)	Mailing address of limited liability company:			
1	(11)							
		(<u>Note: MUST BE STREET ADDRESS</u>)			(Note: MAY BE POST OFFICE BOX)			
								
			_					
		12/3/2021			L21000510499			
3.		Date of filing/registration in Florida	4.		Document number			
5.	(a)	LOWMAN, JR., WILLIAM R., ESQ.						
	(11)	Registered Agent and Registered Office shown on the records of th	ie Florid	a Dept. of State	- e:			
		SHUFFIELD, LOWMAN & WILSON, F	P.A.					
(ł		Registered Office Address (MUST BE FLORIDA STREET A)	DDRES.	<u>S)</u>	-			
		1000 LEGION PLACE, SUITE 1700			\$2.00	3		
		ORLANDO , FL	3	32801	2.000 S.000 P.000	3 TA		
			-					
	(b)	Cogency Global Inc.						
		Enter name of NEW Registered Agent and/or NEW Registered (Office ac	fice address:		22		
					(1) (1)	بب ^ر		
		115 North Calhoun Street, Suite 4			- -	ហ		
		NEW Registered Office Address:		-				
		Tallahassee .FL_	3	32301	_			
the ag	e cha ent v is/wa	imited liability company is not organized under the lawsinge or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the Florida limited liabers.	the regi bility c i the lin	istered office ompany, it is nited liabilit	and the business office of the shereby confirmed that the ch y company or as otherwise pro	e registered lange(s)		
_	Signa	ture of a member or authorized representative of a member			Printed or typed name of signee			
pr the to	ovisi e obl mer	hy 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 ely reflect a change in the registered office address. I ha I in writing of this change.	re to ac perforn för in ereby c	t in this cap tance of my Chapter 602 confirm that	acity. I further agree to comp duties, and I am familiar with i, F.S. Or, if this document is the limited liability company (ly with the and accept being filed has been		
		/s/ Tim Mayville						
Si	gnatu	re of Registered Agent						