## L2200008963S

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(Address)					
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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:	12/30/2024		
Name:	Cheyanne Davis		
Reference #	2566219		
Entity Name	FITNESS VENT	URES - SHAWNEE LLC	
<del>_</del>	es of Incorporation/Authorization	on to Transact Business	
Amen	ndment		
✓ Chan	ge of Agent		202
Reins	statement		2021, DEC 30 P
Conve	ersion		30
☐ Merge	er		第二章 第二章
☐ Disso	lution/Withdrawal		
Fictition	ous Name		
☐ Other			
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.

1. Name of the limited liability company:			FITNESS VENTURES - SHAWNEE, LLC		
2.	(a)	по 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)	
		3/3/2022		L22000089635	
3.		Date of filing/registration in Florida	4.	Document number	
5.	(a)	WILLIAM R. LOWMAN, JR., ESQ.			
	,,	Registered Agent and Registered Office shown on the records of the	he Florida De	pt. of State:	
		SHUFFIELD, LOWMAN & WILSON, F	P.A.		
		Registered Office Address (MUST BE FLORIDA STREET A	2		
		1000 LEGION PLACE, STE 1700		TO THE COUNTY OF	
		ORLANDO , FL	3280	DEC 3	
	(b)	Cogency Global Inc.		SECRETARY OF STATE SECRETARY OF STATE  SECRETA	
	(-,	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>		Office address:	
		115 North Calhoun Street, Suite 4		五二	
		NEW Registered Office Address:			
		Tall I according	222		
		Tallahassee FL	3230	J I	
the ag wa	e cha ent v is/we	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the register ibility comp f the limite	red office and the business office of the registered pany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in	
		/s/ Noemi Romero		Noemi Romero	
Signature of a member or authorized representative of a member			Printed or typed name of signee		
pro the to	ovisi e obl mere	by accept the appointment as registered agent and agro ons of all statutes relative to the proper and complete igations of my position as registered agent as provided ely reflect a change in the registered office address, I h I in writing of this change.	ee to act in performand I for in Cha iereby conf	this capacity. I further agree to comply with the re of my duties, and I am familiar with and accept upter 605, F.S. Or, if this document is being filed irm that the limited liability company has been	
		/s/ Tim Mayville			
Si	enatu	re of Registered Agent			