

(R	equestor's Name)			
(A	ddress)			
(A	ddress)			
(C	ity/State/Zip/Phone #)			
PICK-UP	WAIT MAIL			
(Be	usiness Entity Name)			
(Document Number)				
Certified Copies	Certificates of Status			
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IIS 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	_		
Entity Name	FITNESS VENTU	RES - MCKNIGHT, LLC		
☐ Articl	les of Incorporation/Authorization	to Transact Business		
Ame	ndment			
☐ Reins	statement			
☐ Conversion				
☐ Merg	jer			
☐ Dissolution/Withdrawal				
Fictitious Name				
Othe	r	<u> </u>		
Authorized A	Amount: \$25			
Signature:	Oryma Paine			



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Date:_	12/04/2024			
Name:	Cheyanne Davis			
Refere	nce #: 2566219			
Entity I	Name: FITNESS VENTUR	ES - MCKNIGHT, LLC		
	Articles of Incorporation/Authorization to	Transact Business		
	Amendment			
/	✓ Change of Agent			
	Reinstatement			
	Conversion			
	Merger Merger			
	Dissolution/Withdrawal			
	☐ Fictitious Name			
	Other			
Author	ized Amount:\$25			
Signati	ure: Chymic Paine	<u></u>		

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 - MCKNIGHT, 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)		
2		3/7/2022		L22000094601		
3.		Date of filing/registration in Florida	4.	Document number		
5.	(a)	LOWMAN, JR., WILLIAM R, ESQ		<u> </u>		
		Registered Agent and Registered Office shown on the records of th	of State:			
		SHUFFIELD, LOWMAN & WILSON, P				
		Registered Office Address (MUST BE FLORIDA STREET A)	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			
		1000 LEGION PLACE, SUITE 1700	EGION PLACE, SUITE 1700			
(b		ORLANDO FL_	32801	202		
	(b)	Cogency Global Inc.		DEC T		
		Enter name of NEW Registered Agent and/or NEW Registered (115 North Calhoun Street, Suite 4 NEW Registered Office Address:	FILED 2024 DEC -5 PH 12: 24			
		Tallahassee, FL_	32301			
the ag wa	e cha ent v is/we	imited liability company is not organized under the lawsinge or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	he registered bility compainted in	I office and the business office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in		
		/s/ Noemi Romero		Noemi Romero		
- :	Signal	ture of a member or authorized representative of a member		Printed or typed name of signee		
pro the to	ovisi r obl. mere	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address. I hi I in writing of this change.	e to act in the erformance for in Chaptereby confiri	nis capacity. I further agree to comply with the of my duties, and I am familiar with and accept ter 605, F.S. Or, if this document is being filed in that the limited liability company has been		
		/s/ Tim Mayville				
Si	gnatu	re of Registered Agent				

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00