122000238969

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
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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:	12/30/2024					
Name:	Cheyanne Davis	-				
Reference	#:2566219	_				
Entity Name	e:FITNESS VENT	URES-FARGO, LLC				
	eles of Incorporation/Authorization					
☐ Amendment						
✓ Change of Agent						
Rein	nstatement					
Conversion						
☐ Merger						
☐ Dissolution/Withdrawal						
Fictitious Name						
Othe	er					
Authorized	Amount: \$25.00					
Signature:	Chyma Paine					

F: 800.944.6607

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.

l. Na	ame of the limited liability company:	FITNESS V	FITNESS VENTURES-FARGO, LLC		
2. (a)	no change Principal office address of limited liability company:	_ (b)	no change Mailing address of limited liability company:		
	(Note: MUST BE STREET ADDRESS)		(Note; MAY BE POST OFFICE BON)		
,	6/2/2022		L22000238969		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a)	LOWMAN JR, WILLIAM R, ESQ				
	Registered Agent and Registered Office shown on the records of th	e Florida Dept. o	f State:		
	SHUFFIELD. LOWMAN & WILSON, F				
	Registered Office Address <u>(MUST BE FLORIDA STREET AD</u>	DDRESS)			
(b)	1000 LEGION PLACE STE 1700	<u> </u>			
	ORLANDO . FL_	32801	2024 DEC 30		
	Cogency Global Inc.	₩ O			
	name of NEW Registered Agent and/or NEW Registered Office address:				
	115 North Calhoun Street, Suite 4		E. FL		
	NEW Registered Office Address:		- Ef 99		
	Tallahassee , FL				
the cha agent v was/wa	imited liability company is not organized under the law, unge or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited lial ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the l	he registered oblify company the limited lia	office and the business office of the registered this hereby confirmed that the change(s) ability company or as otherwise provided in		
	/s/ Noemi Romero		Noemi Romero		
•	ture of a member or authorized representative of a member		Printed or typed name of signee		
provisi the obi 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 ely reflect a change in the registered office address. I h d in writing of this change.	e to act in this performance of for in Chapter ereby confirm	capacity. I further agree to comply with the fmy duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed that the limited liability company has been		
-	/s/ Tim Mayville				
Signatu	ire of Registered Agent				