L22000309704

(Requestor's Name)								
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(City/State/Zip/Phone #)								
PICK-UP WAIT MAIL								
(Business Entity Name)								
(D								
(Document Number)								
Certified Copies Certificates of Status								
Special Instructions to Filing Officer:								

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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		
	ne: FITNESS VENTURES	WHITE STATION, LLC	
لي	cles of Incorporation/Authorization to	Transact Business	
_	endment ange of Agent	; ;	2024.0
☐ Reir	nstatement		DEC 30
☐ Con	nversion	· •) PM
☐ Mer	ger		ယှ
☐ Diss	solution/Withdrawal	rii.	ស្ត
Ficti	itious Name		
Oth	er		
Authorized	Amount: \$25.00	_	
Signature:	Uhyma 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.

L N	ame of the limited liability company:FII	TNESS VENTURES - WHITE STATION, LLC					
	no change		(h)	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)			
	7/13/2022	-		L220003			
3.	Date of filing/registration in Florida	4.		Document nun	ıber		
5. (a	LOWMAN, WILLIAM R, JR ESQ			_			
	Registered Agent and Registered Office shown on the records of th	ie Flo	rida Dept, of Sta	te:			
	SHUFFIELD, LOWMAN & WILSON, P	<u> </u>					
	Registered Office Address (MUST BE FLORIDA STREET AL	<u>DDRI</u>	<u>:SS)</u>				
	1000 LEGION PLACE STE 1700						
	ORLANDO FL_		32801	_	ده اخ ا	2024 DEC	*'i.
(h)	Cogency Global Inc.						e. 44*
(b)	Enter name of NEW Registered Agent and/or NEW Registered C			_		30	7
	115 North Calhoun Street, Suite 4				() Fr	PH 3:	erren erren Vanse
	NEW Registered Office Address:			_	F-17	3: 55	
	Tallahassee FL	,	32301	_			
the ch agent was/w	limited liability company is not organized under the laws ange or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited liabrere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the li	he rebility	gistered offic company, it limited liabili	e and the busine is hereby confirr ty company or a	ss office oned that the	of the r he char	egistered ige(s)
	/s/ Noemi Romero	_	<u> </u>	Noemi Romero			
Sign	ature of a member or authorized representative of a member			Printed or typed r	name of sigr	iee	
provis the ob to met	thy accept the appointment as registered agent and agre- tions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided vely reflect a change in the registered office address, I he ed in writing of this change.	w to s perfor for i ereby	act in this cap rmance of my n Chapter 60 r confirm that	oacity. I further duties, and I am 5, F.S. Or, if thi the limited liabi	agree to c familiar s docume lity comp	comply with an nt is be any ha	with the id accept ing filed s been
	/s/ Tim Mayville						
Signati	ure of Registered Agent						