L22000510100

(1	Requestor's Name)				
	Address)				
	Address)				
()	City/State/Zip/Phone #)				
PICK-UP	WAIT MAIL				
((Business Entity Name)				
(Document Number)					
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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:	12/04/2024		
	Cheyanne Davis		
Reference	#:2566219		
Entity Nam	ne:FITNESS VENTURE	S - INDIANAPOLIS, LLC	
☐ Artic	cles of Incorporation/Authorization t	o Transact Business	
☐ Ame	endment		
✓ Cha	inge of Agent	SEC.	
☐ Rein	nstatement	ALLA SET	
Con	version	TARY OF S AHASSEE,	I
☐ Mer	ger	OF SEE,	i
☐ Diss	solution/Withdrawal	FL	ć
☐ Ficti	itious Name		
☐ Othe	er		
Authorized	Amount: \$25		
Signature:	Unyme aine		

NY, NY 10016 D: +1.212.947.7200 P: 800.221.0102 F: 800.944.6607

F: +852.2682.9790



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: 12/04/2024		
Name: Cheyanne Davis		
Reference #:		
Entity Name: FITNESS VENTURES - INDIANAPOLIS, LLC		
 ☐ Articles of Incorporation/Authorization to Transact Business ☐ Amendment ☐ Change of Agent ☐ Reinstatement ☐ Conversion 	SECRETAR TALLAHA	
Merger □ Dissolution/Withdrawal □ Fictitious Name □ Other	MARY OF STATE	i
Authorized Amount: \$25 Signature:		

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.

Name of the limited liability company:		FITNESS VENTURES - INDIANAPOLIS, LLC		
2.		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)
		12/6/2022	- -	L22000510100
3.		Date of filing/registration in Florida	4.	Document number
		LONAINAANI ID MAILLIANA D ESO		
5. (a)	(a)	Registered Agent and Registered Office shown on the records of the	e Florida Dej	pt of State
		SHUFFIELD, LOWMAN & WILSON, P	.A.	
		Registered Office Address (MUST BE FLORIDA STREET AI		
		1000 LEGION PLACE, SUITE 1700		
		ORLANDO .FL	3280	SECF TA
(ł	(b)	Cogency Global Inc.		2024 DEC -5 SECRETAKY TALLAHAS
		Enter name of NEW Registered Agent and/or NEW Registered Office address:		-5 -5 -5 -5 -5 -5 -5 -5 -5 -5 -5 -5 -5 -
		115 North Calhoun Street, Suite 4	PA DEC -5 PH 12: 36 ECRETARY OF STATE TALLAHASSEE, FL	
		NEW Registered Office Address:	36 ATE	
		Tallahassee , FL	3230	 01
the ago wa:	cha ent v s/we	imited liability company is not organized under the laws inge or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liab are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	of the Sta he register oility comp the limited	ed 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
	-	ture of a member or authorized representative of a member		Printed or typed name of signee
pro the to i	visi obli nerc	by accept the appointment as registered agent and agree 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. The I'm writing of this change.	e to act in i erformance for in Chap reby confi	this capacity. I further agree to comply with the e of my duties, and I am familiar with and accept pter 605, F.S. Or, if this document is being filed rm that the limited liability company has been
<u>C:</u>		/s/ Tim Mayville		
ંગાઇ	matui	re of Registered Agent		