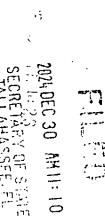
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(Requestor's Name)						
(Address)						
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(City/State/Zip/Phone #)						
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Account#: 120000000088 If there are any issues please contact Patrice at 850-202-9071

Date:	2/30/2024	
	Cheyanne Davis	<u> </u>
Reference #:_	2566219	
		RES - SIOUX FALLS, LLC
☐ Articles	of Incorporation/Authorization	n to Transact Business
☐ Amend	ment	
✓ Change	e of Agent	<u>.</u>
☐ Reinsta	atement	AN A
Conver	sion	SECRETARY OF STA
☐ Merger		- 1
☐ Dissolu	ition/Withdrawal	1000 miles 1000 miles 1000 miles 1000 miles
☐ Fictitiou	us Name	
☐ Other		

## 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 - SIOUX FALLS, LLC			
		no change		(b)	no change		
-	(4.7)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
1		1/11/2023  Date of filing/registration in Florida	 _ 		L23000013360  Document number		
3.					Document number		
5.	(a)	LOWMAN JR, WILLIAM R, ESQ	d 171 .	tal Durk Bee			
		Registered Agent and Registered Office shown on the records of t	ine rioi	rida Dept. of St	ate:		
		1000 LEGION PL STE 1700	4000	200	_		
		Registered Office Address (MUST BE FLORIDA STREET)	<u>100KI</u>	<u>:33)</u>			
		ORLANDO FL	,	32801	<del>-</del> 		
	(b)	Cogency Global Inc.			<b>2</b> 07		
	(,	Enter name of NEW Registered Agent and/or NEW Registered	Office	addresy:	MDEC		
		115 North Calhoun Street, Suite 4	_ 30 J				
		NEW Registered Office Address:			2024 DEC 30 AM III- 10 SECRETAGA'S SEE, FI		
		TallahasseeFL		32301	- 温		
th ag wi	e cha gent v as/w	imited liability company is not organized under the lavange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the reability	egistered offi company, it limited liabil	ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in		
		/s/ Noemi Romero			Noemi Romero		
	Signa	ture of a member or authorized representative of a member			Printed or typed name of signee		
pr th to	ovisi e ohi mer-	by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address. If it is writing of this change.	ee to perfo d for i hereby	act in this ca rmance of m n Chapter 66 c confirm tha	pacity. I further agree to comply with the v duties, and I am familiar with and accept 95, F.S. Or, if this document is being filed at the limited liability company has been		
S	ignatu	/s/ Tim Mayville					