L23000134877

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



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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:	12/04/2024				
Name:	Cheyanne Davis	_			
Reference #	_{#:_} 2566219				
Entity Name	FITNESS VENTU	RES - KEYSTONE, LLC			
Articl	les of Incorporation/Authorization	n to Transact Business			
Ame	ndment				
✓ Change of Agent					
Reinstatement					
☐ Conv	Conversion				
☐ Merg	☐ Merger				
☐ Dissolution/Withdrawal					
Fictiti	ious Name				
☐ Othe	Γ				
Authorized A	Amount: \$25				
Signature:	Chyma Paine				

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. N:	ame of the limited liability company:	FITNESS VE	ENTURES - KEYSTONE, LLC
	no change		no change
	Principal office address of innited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited hability company; (Note: MAY BE POST OFFICE BOX)
3.	3/23/2023 Date of filing/registration in Florida	4.	L23000134867 Document number
5. (a)	LOWMAN, WILLIAM R, JR. ESQ		
	Registered Agent and Registered Office shown on the records of the Registered Office Address (MUST BE FLORIDA STREET).	the Florida Dept.	of State.
	1000 LEGION PLACE STE 1700		
	ORLANDO FL	32801	
(b)	(b) Cogency Global Inc. Enter name of NEW Registered Agent and/or NEW Registered Office address		FIL 2024 DEC -5 FÄLLÄHÄSSÉ
	115 North Calhoun Street, Suite 4 NEW Registered Office Address	1	EEJFLORIDA
	Tallahassee FL	32301	
the cha agent v was/we the arti Signa	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the /s/ Noemi Romero ture of a member or authorized representative of a member hy accept the approximation as registered agent and agree.	vs of the State the registered ability compar if the limited l limited liabili	I office and the business office of the registered by, it is hereby confirmed that the change(s) liability company or as otherwise provided in ity company. Noemi Romero Printed or typed name of signee bis capacity. I further agree to comply with the
the obl to mere notified	ions of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address. It d in writing of this change.	I főr in Chapt iereby confirt	ver 605, F.S. Or, if this document is being filed in that the limited liability company has been
	/s/ Tim Mayville		
Signatu	ite of Registered Agent		