(Requestor's Name)			
(A	ddress)		
<b>,</b>			
(Address)			
(Ci	ty/State/Zip/Phone #)		
PICK-UP	WAIT MAIL		
/Ri	usiness Entity Name)		
(5)	Jamess Clary Name)		
(De	ocument Number)		
Certified Copies	Certificates of Status		
Special Instructions to Fili	ng Officer:		
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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#: I20000000088
If there are any issues
please contact Cheyanne at
850-202-1882

Date: 12/04/2024					
Name: Cheyanne Davis					
Reference #:					
Entity Name: FITNESS VENTURES - COLLEGE STATION, LLC					
Articles of Incorporation/Authorization to Transact Business					
Amendment					
Reinstatement					
Conversion					
☐ Merger					
Dissolution/Withdrawal					
Fictitious Name					
Other					
Authorized Amount: \$25					
Signature: Our Paine					



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 #: <b>2566219</b>					
Entity Name: FITNESS VENTURES - COLLEGE STATION, LLC					
Articles of Incorporation/Authorization to Transact Business					
Amendment					
Reinstatement					
Conversion					
☐ Merger					
☐ Dissolution/Withdrawal					
☐ Fictitious Name					
Other					
Authorized Amount: \$25					
Signature: Chymn Pain.					

## 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.

Ι.	. Name of the limited liability company: FITN			IESS VENTURES - COLLEGE STATION, LLC		
2.	(a)	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 BON)		
		7/27/2023		L23000355192		
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 the Registered Office Address  [MUST BE FLORIDA STREET A]				
		1000 LEGION PLACE, SUITE 1700	2007			
		ORLANDO , FL	22004	HEC FI		
	(b)	Cogency Global Inc.		— 5 FED		
Enter name of NEW Registered Agent and/or NEW Registered O  115 North Calhoun Street, Suite 4				PILED PHI2: 06		
		NEW Registered Office Address:		<del></del>		
		Tallahassee	32301			
the age wa	ent v s/we	imited liability company is not organized under the law inge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	the registered bility compan f the limited li	office and the business office of the registered by, it is hereby confirmed that the change(s) highlity company or as otherwise provided in		
		/s/ Noemi Romero		Noemi Romero		
_5	igna	ture of a member or authorized representative of a member		Printed or typed name of signce		
pro the to	ovisi r obl. mere	by accept the appointment as registered agent and agre 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. I h I in writing of this change.	performance of Hor in Chapte	of my duties, and I am familiar with and accept er 605, F.S Or, if this document is being filed		
<u>v.</u>		/s/ Tim Mayville				
-519	anatu:	re of Registered Agent				