L23000467367

	(Requestor's Name)
	(Address)
	
	(Address)
	700 100 11 100 III
	(City/State/Zip/Phone #)
PICK-UF	WAIT MAIL
	(Business Entity Name)
	(Business Entity Name)
	(Document Number)
	(Document Namber)
Certified Copies	Certificates of Status
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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:	12/04/2024							
	Cheyanne Davis							
Reference a	2566219	-						
	FITNESS VENTUR	ES - LAS CRUCES, LLC						
☐ Artic	les of Incorporation/Authorization	o Transact Business						
☐ Ame	Amendment							
✓ Char								
☐ Rein	Reinstatement							
Conv	Conversion							
☐ Merg	☐ Merger							
Disse	☐ Dissolution/Withdrawal							
☐ Fictit	Fictitious Name							
☐ Othe	r							
Authorized .	Amount: \$25							
Signature:	(Vyurme Laine							

NY, NY 10016 D: +1.212.947.7200 P: 800.221.0102 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

Ł.	Na	me of the limited liability company:	FITNESS VENTURES - LAS CRUCES, LLC					
2. (a i	no change	(b)	no change	?		
(a)no change Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		_ (°	,\	no change Mailing address of limited liability company: (Note: MAY BE POST OFFICE BON)			
3.		10/10/2023 Date of filing/registration in Florida	 - 4.		L230004673 Document number	67		
5.	(a)	LOWMAN, WILLIAM R, ESQ Registered Agent and Registered Office shown on the records of the	 	. 				
		Registered Office Address <u>(MUST BE FLORIDA STREET A</u> 1000 LEGION PLACE, STE. 1700		<u>. </u>				
		ORLANDO FL_	32	2801	ĪĄĮ.	707	3 <u>0</u> 3	
(b)	Cogency Global Inc. Enter name of NEW Registered Agent and/or NEW Registered (TÄLLAHÄSSEE, FLORIDA	7974 DEC - J FM	л Л	71 		
		115 North Calhoun Street, Suite 4 NEW Registered Office Address:			LORIDA	F	<u>ড়</u> ১	
		Tallahassee , FL	32	2301				
the age was	cha it w /we	mited hiability company is not organized under the law nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia- re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	the regis bility co f the lim	tered office mpany, it is ited liability	and the business of hereby confirmed to company or as other	fice of hat the	the cha	registered .nge(s)
	/s/ Noemi Romero			Noemi Romero				
Si	gnat	ure of a member or authorized representative of a member			Printed or typed name of	st signed		
pro the to n	cisio obli iere	oy accept the appointment as registered agent and agro ons of all statutes relative to the proper and complete p eations 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.	ee to act performa I for in C ereby co	in this capa ince of my d hapter 605, infirm that t	wity. I further agre luties, and I am fam F.S. Or, if this doc he limited liability o	e to co iliar w ument compai	mply ith a is b ny he	e with the ind accept eing filed as been
¥	. * . #	/s/ Tim Mayville						