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(R	(equestor's Name				
	(ddress)				
γ.	iddi C33)				
A)	(ddress)				
(v mail 035)					
(C	city/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL			
L1	<u> </u>				
	Business Entity Name)	<u> </u>			
, -	resiness Errity Hamey				
(C	Ocument Number)				
Certified Copies	Certificates o	f Status			
Special Instructions to Fi	ling Officer:				
					

Office Use Only



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FILED

2024 DEC -5 PM 12: 10



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 #:	2566219	-				
Entity Name:	FITNESS VENTURE	6 - ALBUQUERQUE, LLC				
	es of Incorporation/Authorization	o Transact Business				
Amen	Amendment					
Change of Agent						
Reinstatement						
Conversion						
Merge	Merger					
☐ Dissolution/Withdrawal						
Fictitious Name						
Other						
Authorized A	mount:\$25					
Signature	Uhyma 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.	. Name of the limited liability company: Ff		ITNESS VENTURES - ALBUQUERQUE, LLC		
2.		no change		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)	
		11/6/2023		L23000502250	
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 Florida Dept. of Stat Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			
		1000 LEGION PLACE STE 1700		740	
		ORLANDO FL	32801	EC-5 PI	
	(b)	Cogency Global Inc. Enter name of NEW Registered Agent and/or NEW Registered (FILED 2024 DEC-5 PM 12: 10 TALLAHASSEE, FLORIDA	
		115 North Calhoun Street, Suite 4)A	
		NEW Registered Office Address:			
		Tallahassee, FL_	32301		
the age wa	cha nt w s/we	mited liability company is not organized under the law- nge or changes are made, the Florida street address of t will 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 l	he registered pility compant the limited li	office and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in	
/s/ Noemi Romero		Noemi Romero			
	-	ure of a member or authorized representative of a member		Printed or typed name of signee	
pro the to i	wisi obli nere	y 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 ha I in writing of this change.	e to act in thi. performance of for in Chapte creby confirm	s capacity. I further agree to comply with the f my duties, and I am familiar with and accept ir 605, F.S. Or, if this document is being filed that the limited liability company has been	
		/s/ Tim Mayville			
Sig	natur	e of Registered Agent			