L 23000519272

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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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:	12/30/2024	
Name:	Cheyanne Davis	<u> </u>
Reference	#: 2566219	
Entity Name	e: FITNESS VEN	
_	les of Incorporation/Authorization	on to Transact Business SECRETARY
√ Char	nge of Agent	Social
Rein	statement	
Conv	version	***
☐ Merg	ger	
Disse	olution/Withdrawal	
Fictit	tious Name	
Othe	er	
Authorized.	Amount: \$25.00	
Signature:	Ohyme 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	Vame of the limited liability company:	FITNESS VENTURES - TOLEDO, 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 BOX)		
	11/20/2023		L23000519272		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a	SHUFFIELD, LOWAN & WILSON, P.				
(,	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:				
	Registered Office Address (MUST BE FLORIDA STREET A				
	1000 LEGION PLACE STE 1700				
	ORLANDO . FL	32801	TOPLOEC 30 SEGRETARISES SEARCLARI		
(b					
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u>	Office address:	<u> </u>		
	115 North Calhoun Street, Suite 4				
	NEW Registered Office Address:				
	Tallifornia	22224			
	Tallahassee FL	32301			
the cl agent was/v	limited liability company is not organized under the law nange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia were authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the l	the registered oblitty company fithe limited lic	office and the business office of the registered (, it is hereby confirmed that the change(s) ability company or as otherwise provided in		
	/s/ Noemi Romero		Noemi Romero		
	nature of a member or authorized representative of a member		Printed or typed name of signee		
provi. the ol to me	eby accept the appointment as registered agent and agressions of all statutes relative to the proper and complete poligations of my position as registered agent as provided rely reflect a change in the registered office address. I hed in writing of this change.	ee to act in this performance of I for in Chapter pereby confirm	capacity. I further agree to comply with the my duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed that the limited liability company has been		
	/s/ Tim Mayville				
Signa	ture of Registered Agent				