La3000523533

	(Requestor's Name)			
(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:				
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TALLAHASSEE, FL

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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 #:	2566219	_
Entity Name:	FITNESS VENT	URES - EUGENE, LLC
	es of Incorporation/Authorization	to Transact Business ఈ
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_	tatement	ORETARY O
Conve	ersion	OF STAT
☐ Merge	er	LATE
☐ Dissol	lution/Withdrawal	
Fictition	ous Name	
Other		
Authorized A	mount: \$25	_
Signature:	(Unum 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: 12/0	04/2024		
Name: C	heyanne Davis		
Reference #:	2566219		
Entity Name:	FITNESS VENTUR	ES - EUGENE, LLC	
_	ncorporation/Authorization to	Transact Business	
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	Agent	SECRETARY OF STATE TALLAHASSEE, FL	2024 DEC -5
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Dissolution	Withdrawal	J.V.	80
☐ Fictitious N	ame	·	
Other			
Authorized Amour	it: \$25	<u> </u>	
Signature:	Ohyma Paire		

COGENCY GLOBAL INC. 10 E 40" ST, 10" FL NY, NY 10016 D: +1.212.947.7200 P: 800.221.0107 F: 800.944.6607

F: +852.2682.9790

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. Na	ame of the limited liability company:	FIINE	SS VEN	URES - EUGENE, LLC
2. (a)	Principal office address of limited hability company (Note: MUST BE STREET ADDRESS)	_ (b)	no change Mailing address of limited liability company: (Note: MAY BE POST OFFICE BON)
		-		
	10/10/2023		<u> Lô</u>	13000523533
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	LOWMAN, WILLIAM R, ESQ			
	Registered Agent and Registered Office shown on the records of t	he Florida	Dept. of St	atc.
	SHUFFIELD, LOWMAN & WILSON,	P.A.		
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS.)	_
	1000 LEGION PLACE STE 1700			
	ORLANDO FL	32	2801	_
(b)	Cogency Global Inc.			2024 DEC -5 SECRETARY TALLAHAS
	Enter name of NEW Registered Agent and/or NEW Registered	1.25 EC .		
	115 North Calhoun Street, Suite 4			
	NEW Registered Office Address:			AHII: 08 OF STATE SEE, FL
				O8
	Tallahassee F1	32	2301	
the cha agent v was/we	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	the regis bility co f the lim	tered offi mpany, it ited liabil	ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in
	/s/ Noemi Romero			Noemi Romero
Signa	ture of a member or authorized representative of a member	<u></u>		Printed or typed name of signee
provisi he obl o merc	by accept the appointment as registered agent and agre fons of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address. I h d in writing of this change.	ee to act performa I for in C tereby co	in this ca ince of my hapter 60 infirm tha	pacity. I further agree to comply with the v duties, and I am familiar with and accept 15, F.S. Or, if this document is being filed at the limited liability company has been
	/s/ Tim Mayville			
Signatu	re of Registered Agent			