A24706

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

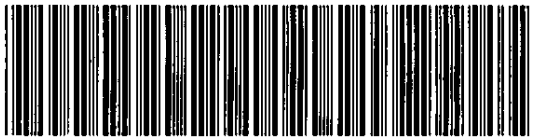
Special Instructions to Filing Officer:

L. SELLERS

APR 23 2009

EXAMINER

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Clicks No. 10, Ltd.
(Name of Limited Partnership or Limited Liability Limited Partnership)

DOCUMENT NUMBER: A24706

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Traci Ripley
(Contact Person)

Clicks Billiards
(Firm/Company)

3100 Monticello, Ste 350
(Address)

Dallas, TX 75205
(City, State and Zip Code)

For further information concerning this matter, please call:

Traci Ripley at (214) 599-2985
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a $35.00 check made payable to the Florida Department of State.

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

INHS04 (01/06)

LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP
STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. Clicks No. 10, Ltd.
Name of Limited Partnership or Limited Liability Limited Partnership

2. 6/18/87
Date of filing/registration in Florida

3. A24706
Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Mary Stone
Name

1455 Semoran Blvd. North, #291
Address

Casselberry, FL 32707
City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

Lauren Sabelli
Name

1455 Semoran Blvd. North, #291
Florida street address (P.O. Box not acceptable)

Casselberry FL 32707
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

Signature of General Partner

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Signature of Registered Agent

Filing Fee: $35.00
Certified Copy (optional): $52.50

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TALLAHASSEE FLORIDA