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Division of Corporations Florida Department of State

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To:

Division of Corporations

Fax Number ı (850)617-6380

From:

: CORPORATE CREATIONS INTERNATIONAL INC. Account Name

Account Number : 110432003053 : (561)694-8107 Phone

Fax Number : (561)694-1639

REGISTERED AGENT CHANGE

CANAS TENNIS ACADEMY LLC

Certificate of Status Certified Copy Page Count 02 \$35.00 Estimated Charge

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ursuant to the provisions of sections 608.416 or 608.508, Florida Stotutes, the undersigned limited liability company is canaly the registered affice or registered agent, or both, in the State of Florida. The name of the limited liability company is: ANAS TENNIS ACADEMY LLC The mailing address of the limited liability company is: 1999 BRICKELLAVE STE 760 IIAMI FL 33131 1/20/2009 L.09000005395 Date of filing/registration in Florida The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: CT CORPORATION SYSTEM Name 1/20/2009 L.09000005395 Address PLANTATION FL 33324 City, State and Zip The name and address of the new registered agent and/or office: Corporate Creations Network Inc. Name 1/380 Prespective Farms Road #22/1E Florida street address (P.D. Box NOT geosphable) Palm Beach Gardons FL 334/0 City, State and Zip (City, State and Zip City, State and Zip (City, State and Zip The limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be dentical. Or, in the case of a Floride limited liability company, it is hereby confirmed data the change(s) was/were authorized by an affirmative vote of the members of the limited liability company, it is hereby confirmed data the change(s) was/were authorized by an affirmative vote of the members of the provisions of the registered office for lybda name of lignes) Interval y accepts the appointment as registered agent and agrees made in this capacity. I further agree to comply with the provisions of all statuses relative to the proper and complete performance of my duries, and I am familiar with and accept the obligations of my position on explained agents. I hereby accept in Chapter 606, F.S. Or, If this document it being filed to merely reflect a change in the registered office address.		7009 JOL 50 4
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