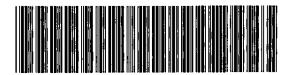
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| PICK-UP                 | WAIT              | MAIL         |
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| (Document Number)       |                   |              |
| Certified Copies        | _ Certificates    | s of Status  |
| Special Instructions to | Filing Officer:   |              |
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SECRETARY OF STATE
ANASSEF FLORIDA

J. BRYAN

. FEB - 7 2012

**EXAMINER** 

## **COVER LETTER**

| TO: Registration Section Division of Corporations  |          |
|--|----------|
| SUBJECT: Synergy Tennis Academy LLC Name of Limited Liability Company  |          |
| Dear Sir or Madam:   |          |
| The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.  |          |
| Please return all correspondence concerning this matter to the following:  |          |
| Diego Ayala Name of Person   |          |
| Syrergy Tennis Academy Firm/Company  |          |
|  | <u> </u> |
| Coral Springs, FL 33067  City/State and Zip Code  DVAVO 7960 Cover   | してし      |
| E-mail address: (to be used for future annual report notification)   |          |
| For further information concerning this matter, please call:   |          |
| Dicgo Ayala at (954) 871-9250 Name of Person Area Code & Daytime Telephone Number  |          |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clifton Building Clifton Executive Center Circle Tallahassee, Florida 32301  Area Code & Baytine Telephote Named Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 |          |
| Enclosed is a check for the following amount:  |          |
| \$25 Filing Fee & Certified Copy   | •        |

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

| Pursuant to the provisions of sections 608.416 or 608.2 liability company submits the following statement in ord agent, or both, in the State of Florida.  | 508. Florida Statutes, the undersigned limited er to change its registered office or registered  |
|--|--|
| 1. Name of the limited liability company:  | nergy lennis Hoademy   |
| 2. (a) Principal office address of limited liability compan  | y: 6978 W Sampk Rd   |
| (Note: MUST BE STREET ADDRESS)   | Coral Springs, FL 33067  |
| (b) Mailing address of limited liability company:  | see as the   |
| (Note: MAY BE POST OFFICE BOX)   | 6978 W Sample Rd   |
| 2/1/12   | L09000047112   |
| 3. Date of filing/registration in Florida  | 4. Document number   |
| 5. (a) Registered Agent and Registered Office shown on   | the records of the Florida Dept. of State:   |
| Registered Agent:  | Diego Hyata Damon Hente  |
| Registered Office Address:   | -6978 W Sumple Rd Taman  |
| •  | 33   |
| (b) Enter name of NEW Registered Agent and/or NE   | W Registered Office address:   |
| NEW Registered Agent:  | Diego Ayala  |
| NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)  | 6978 W Sampk Rd  |
|  | Coral Springs ,FL 33067  |
| If the limited liability company is not organized under the confirmed that after the change or changes are made, the land the business office of the registered agent will be identiability company, it is hereby confirmed that the change (so the members of the limited liability company or as other or the operating agreement of the limited liability compans | Florida street address of the registered office atical. Or, in the case of a Florida limited so was/were authorized by an affirmative vote by was provided in the articles of organization.  |
| Signature of a member or authorized representative of a member   | SSE 6 M  |
| Printed or typed name of signee  | - EFFS   |
| I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pi and I am familiar with and accept the obligations of my pi Chapter 608, F.S. Or, if this document is being filed to maddress, I hereby confirm that the limited liability comparation.   | agree to act in this capacity. I further agree to complete performance of the futies, osition as registered agent as provided for in erely reflect a change in the registered office by has been notified in writing of this change. |
| Signature of Registered Agent  Division of Corporations, P.O. Box 6.   | 327. Tallahassee, FL, 32314  |
| Division of Corporations, 1.0. Box of  | DEI, IMMUNDOU, IL DEDIT  |

**FILING FEE: \$25.00**