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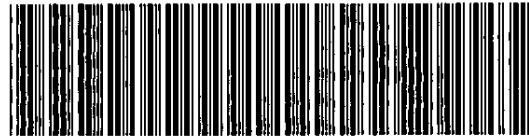
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PRO TENNIS, FITNESS & REHAB, 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:

Patricia J. Potter, Esq.

Name of Person

Siesky, Pilon & Potter

Firm/Company

3435 Tenth Street North, Suite 303

Address

Naples, FL 34103

City/State and Zip Code

zman77@embargmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Patricia J. Potter, Esq.

Name of Person

at (239)

263-8282, ext. 304

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 22, 2011

PATRICIA J. POTTER ESQ
SIESKY, PILON & POTTER
3435 10TH STREET NORTH, STE. 303
NAPLES, FL 34103

SUBJECT: PRO TENNIS, FITNESS & REHAB, LLC
Ref. Number: L10000065700

We have received your document for PRO TENNIS, FITNESS & REHAB, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Leslie Sellers
Regulatory Specialist II

Letter Number: 011A00015159

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

Pursuant to the provisions of sections 608.416 or 608.508, 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. Name of the limited liability company: PRO TENNIS, FITNESS & REHAB, LLC

2. (a) Principal office address of limited liability company: _____

(Note: MUST BE STREET ADDRESS)

21217 Waymouth Run
Estero, FL 33928

(b) Mailing address of limited liability company: _____

(Note: MAY BE POST OFFICE BOX)

06/18/2010

L10000065700

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:

Patricia J. Potter, Esq.

Registered Office Address:

Siesky, Pilon & Potter
1000 Tamiami Trail North, Suite 201
Naples, FL 34102

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent:

Patricia J. Potter, Esq.

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

Siesky, Pilon & Potter
3435 Tenth Street North, Suite 303
Naples, FL 34103

If 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 identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Paul Zavala
Signature of a member or authorized representative of a member

Paul Zavala, Manager
Printed or typed name of signer

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 as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00

FILED
JUL 22 AM 10:10
TALLAHASSEE, FL
CLERK OF SUPERIOR COURT