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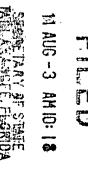
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**EXAMINER** 



900210571549

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## **COVER LETTER**

TO: Registration Section Division of Corporations					
SUBJECT: Tennis Thunder 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:					
James Blake Name of Person					
Tennis Thunder LLC. Firm/Company					
5305 Bay Club Circle					
TAmpa FL 33607 City/State and Zip Code					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
James Blake at (630) 605 - 9272  Name of Person Area Code & Daytime Telephone Number					
STREET/COURIER ADDRESS: MAILING ADDRESS:					
Registration Section Registration Section Division of Corporations Division of Corporations					
Clifton Building P.O. Box 6327					
2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301					
Enclosed is a check for the following amount:					
\$25 Filing Fee \$\times \text{S55 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 608.508, 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.

agent, or both, in the state of Florida.	
1. Name of the limited liability company:	s Thunder LLC
2. (a) Principal office address of limited liability company	y:
(Note: MUST BE STREET ADDRESS)	5305 Bay Club Circle
(b) Mailing address of limited liability company:	
(Note: MAY BE POST OFFICE BOX)	5305 Bay Club Circle TAMPA FL 33607
1/18/2011	L11000007597
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:	James R. Blake
Registered Office Address:	1531 W. Leman St # 3408
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u> <u>NEW</u> Registered Agent:	JAMES R. BLAKE
NEW Registered Agent:  NEW Registered Office Address:	JAMES R. BLAKE 5305 BAY Club Circle
(MUST BE FLORIDA STREET ADDRESS)	TAMPA ,FL 33607
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be identiability company, it is hereby confirmed that the change(s of the members of the limited liability company or as other or the operating agreement of the limited liability company.  Signature of a member of authorized representative of a member  Printed or typed name of signee  I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my per chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company	lorida street address of the registered office tical. Or, in the case of a filorida limited ) was/were authorized by an affirmative vote rwise provided in the articles of organization
Signature of Registered Agent	

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