## L11000077309

(D.	N N				
(Kt	(Requestor's Name)				
(Ac	ddress)				
(4.	Islanda N				
(Address)					
(Ci	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	☐ MAIL			
_	_				
(Bu	usiness Entity Nar	ne)			
(Document Number)					
(2)	oodinone rambor,				
Certified Copies Certificates of Status					
		<del></del>			
Special Instructions to Filing Officer:					
		ŀ			

Office Use Only



900285889469

05/24/16--01015--020 \*\*25.00

16 MAY 24 PH 3: 02
SEUREN SESSES EL DRID

WAY 27 2016 J. HARRIS

## **COVER LETTER**

Registration Section \( \)

TO:

Division of Corporations	•	
Pro Links Holding, LLC		
	Limited Lia	ability Company
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office C	hange and	fee(s) are submitted for filing.
Please return all correspondence concerning this ma	tter to the f	following:
Susan Breid		
Name of Person		_
Zappia & LeVahn, Ltd.		
Firm/Company	•	<b></b>
941 Hillwind Rd NE, Suite 301		
Address		_
Fridley, MN 55432		
City/State and Zip Code		<del>_</del>
hcavner@3mchampionship.com		
E-mail address: (to be used for future annual re	eport notifi	cation)
For further information concerning this matter, pleas	se call:	
Susan Breid	763	502-7131
Name of Person	\	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 amo	unt:	
■ \$25 Filing Fee	□ \$5	5 Filing Fee & Certified Copy
INHS18 (2/14)		

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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. N	ame of the limited liability company:  Pro Links Hole	ding, LLC	
2. (a)	758 N. US Hwy One	(b) 7	58 N. US Hwy One
(u)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(0)_	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	Tequesta, FL 33469		equesta, FL 33469
	7-01-2011	L1	1000077309
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Hollis Cavner		
	Registered Agent and Registered Office shown on the records of	the Florida Dep	ot. of State:
	Registered Office Address (MUST BE FLORIDA STREET) 6450 East Rogers Cir	<u>4DDRESS)</u>	TAL
	Boca Raton , FL	33487	SE A
(b)			ASSET PH TO
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office addres	3: 0
	758 N. US Hwy One  NEW Registered Office Address:	100	Off <b>2</b>
	Tequesta, FL	33469	
the ch agent was/w	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited li- tere authorized by an affirmative vote of the members of iteles of organization or the operating agreement of the	the register ability comp of the limited limited liab	ed office and the business office of the registered rany, it is hereby confirmed that the change(s) I liability company or as otherwise provided in ility company.
<u></u>		Hollis	Printed or typed name of signee
I here provis the ob	ature of a member or authorized representative of a member obey accept the appointment as registered agent and agrions of all statutes relative to the proper and complete ligations of my position as registered agent as provide rely reflect a change in the registered office address, I willing of this change.	ree to act in performanc d for in Cha hereby confi	this canacity. I further agree to comply with the