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| (Requestor's Name) | | | | | |
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| (City/State/Zip/Phone #) | | | | | |
| PICK-UP | ☐ WAIT | MAIL | | | |
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| (Business Entity Name) | | | | | |
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| (Document Number) | | | | | |
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| Certified Copies Certificates of Status | | | | | |
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| Special Instructions to Filing Officer: | | | | | |
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Office Use Only



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COVER LETTER

| | ■ \$25 Filing Fee | | \$55 Filing Fee & Certified Copy | |
|--------|---|------------------|---|-------------------|
| | STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 Enclosed is a check for the following | я г Р Т | AAILING ADDRESS: Registration Section Division of Corporations 2.O. Box 6327 Callahassee, Florida 32314 | |
| | Name of Person | | Area Code & Daytime Teleph | ione Number |
| Susa | n Breid | at (| 502-7131 | |
| For fu | rther information concerning this matter, | please call: | | |
| E | E-mail address: (to be used for future annual | ual report not | ification) | |
| hcavr | ner@3mchampionship.com | | | YTE RIDA |
| | City/State and Zip Code | | | FSTA FLOO |
| Fridle | ey, MN 55432 | | | 24 RTO SSEE |
| | Address | | | CRET |
| 941 F | Hillwind Rd NE, Suite 301 | | | ESS 6 |
| | Firm/Company | | | |
| Zapp | ia & LeVahn, Ltd. | | | |
| | Name of Person | | · ···· | |
| Susa | n Breid | | | |
| Please | return all correspondence concerning thi | s matter to th | e following: | |
| The en | closed Registered Agent/Registered Offi | ce Change an | d fee(s) are submitted for filing. | |
| Dear S | ir or Madam: | | | |
| | Nam | e of Limited | Liability Company | |
| SUBJ | Pro Links Sports of Tampa, I | _LC | | |
| TO: | Registration Section Division of Corporations | | • | |

INHS18 (2/14)

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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.

| a) 758 N. US Hwy One | (b) | 758 N. US Hwy One |
|--|--|---|
| Principal office address of limited liability (Note: MUST BE STREET ADDR | • • | Mailing address of limited liability company: (Nate: MAY BE POST OFFICE BOX) |
| Tequesta, FL 33469 | | Tequesta, FL 33469 |
| 9-17-2013 | L | 13000131584 |
| Date of filing/registration in Flo (a) Hollis Cavner | orida 4. | Document number |
| Registered Agent and Registered Office shown or | the records of the Florida I | Dept. of State: |
| Registered Office Address (MUST BE FLOR 6450 East Rogers Cir | IDA STREET ADDRESS) | SECR TALL |
| Boca Raton | , _{FL} 33487 | HAY 24 AHASSEE |
| b) | | |
| Enter name of NEW Registered Agent and/or No. 758 N. US Hwy One | EW Registered Office addı | ress: ORDA 39 |
| NEW Registered Office Address: | | |
| Tequesta | _{FL} 33469 | |
| change or changes are made, the Florida stre at will be identical. Or, in the case of a Flori | et address of the regist ida limited liability cor ne members of the limit ement of the limited lia | State of Florida, it is hereby confirmed that afte the defice and the business office of the regist in mpany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided ability company. S Cavner |
| | | |

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

Signature of Registered Agent