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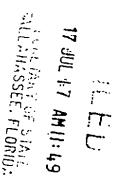
(R	equestor's Name)				
(Address)					
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PICK-UP	MAIT [MAIL			
(B	usiness Entity Name)				
(Document Number)					
Certified Copies	Certificates of St	atus			
Special Instructions to Filing Officer:					
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COVER LETTER

INHS18 (2/14)

TO:	Registration Section Division of Corporations					
SUBJE	Top Speed Tennis, LLC					
	Nan	Name of Limited Liability Company				
Dear S	ir or Madam:					
The en	closed Registered Agent/Registered Off	ice Change and	fee(s) are submitted for filing.			
Please	return all correspondence concerning th	is matter to the	following:			
Joshu	ua Eaton					
	Name of Person					
Top S	Speed Tennis, LLC					
· -	Firm/Company		_			
4300	W Lake Mary Blvd, Ste 1010-304					
	Address					
Lake	Mary, FL 32746					
	City/State and Zip Code					
josh@	topspeedtennis.com					
E	-mail address: (to be used for future ann	ual report notif	ication)			
For fur	ther information concerning this matter,	please call:				
Joshu	ıa Eaton	740	954-0477			
	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	Re Di P.C	alLING ADDRESS: gistration Section vision of Corporations D. Box 6327 Ilahassee, Florida 32314			
	Enclosed is a check for the following amount:					
	■ \$25 Filing Fee	□ s:	55 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 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.

۱.	Na	me of the limited liability company:	ennis, l	_LC	
2. (ัลโ		(I	o)	
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (Mailing address of limited liability company:
		4300 W Lake Mary Blvd, Ste 1010-304		4300 W	(Note: MAY BE POST OFFICE BOX) Lake Mary Blvd, Ste 1010-304
			_		<u> </u>
		Lake Mary, FL 32746	_		ary, FL 32746
		05/13/2015		L1500008	B8354
3.		Date of filing/registration in Florida	4.		Document number
5.	(a)	Registered Agent and Registered Office shown on the records of			_
			the Florid	a Dept. of State	e:
		Ballard, Clay S			_
		Registered Office Address (MUST BE FLORIDA STREET)	ADDRES.	<u>2)</u>	
		201 Southern Pecan Circle Unit 101			
		Winter Garden Ft	34787		17. Th
			·		
((b)				SSS
		Enter name of NEW Registered Agent and/or NEW Registered	Office ad	<u>idress</u> :	THE STATE OF THE S
		Eaton, Joshua A			E. FLORIU
		NEW Registered Office Address:			4.9
		4300 W Lake Mary Blvd, Ste 1010-304	·		_
		Laka Many	20746		
		Lake Mary , FL	32746		-
the age was	cha nt v :/we	imited liability company is not organized under the law nge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited li- ter authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the reginability confirmation of the lin limited	stered office ompany, it is nited liability	c and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in appany.
	ordi	ure of a member or authorized representative of a member	JOS		Printed or typed name of signee
I he pro the to n	erel visi obl	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address, I in writing of this change.	ee to ac perform d for in hereby c	t in this cape ance of my Chapter 603 onfirm that	acity I further agree to comply with the

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

Signature of Registered Agent