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(Re	questor's Name)				
(Ad	dress)				
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(Cit	y/State/Zip/Phone	e #)			
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JUN 2 2 2022 S. PRATHER

COVER LETTER

	istration Section sion of Corporations	,		
SUBJECT:	AW Tennis			
	Name of Li	mited Liability Company		
Dear Sir or I	Madam:			
The enclosed	d Registered Agent/Registered Office Cha	nge and fee(s) are submitted for filing.		
Please return	all correspondence concerning this matte	r to the following:		
	Jesse Witten			
	Name of Person			
-	Firm/Company			
6278	Parkers Hammack Rd Address			
	Address			
Napl	es, FL 34112 City/State and Zip Code			
	City/State and Zip Code			
Hos	5911 @ AUL. Com address: (to be used for future annual rep	- de selferation		
E-maii	address: (to be used for future annual rep	ort notification)		
For further i	nformation concerning this matter, please	call:		
Jes	re Witten at (859, 396-3626		
	Name of Person	Area Code & Daytime Telephone Number		
	iling Address:	Street Address:		
~	istration Section	Registration Section		
	ision of Corporations	Division of Corporations		
	. Box 6327 ahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		
1 811	anassee, F1. 32314	Tallahassee, FL 32303		
Enc	losed is a check for the following amoun	nt:		
V2 (\$	25 Filing Fee	☐ \$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.

I. Na	me of the limited liability company: AW To	ennis	LLC			
2. (a)	6228 Parkers Hammack Rd	(b)	6228	Parkers	Hamo	ck Rd
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (, _	Mail	_	limited liability of POST OFFICE	
	Naples, FL 34112			, FL		
3. 5. (a)	August 20, 2020 Date of filing/registration in Florida United States Corporation Agents, INC Registered Agent and Registered Office shown on the records of the 5575 S. Semoran BLVD Registered Office Address (MUST BE FLORIDA STREET AI Compando FL Jesse Witten Enter name of NEW Registered Agent and/or NEW Registered Compando NEW Register	36 DDRESS) 328	Do ept. of State:	eument num		FILED 2022 APR 29 AH 8: 22
	Naples .fl	3411	2			
change agent was/we the articolor articolor articolor articolor articolor articolor agents are articolor agents are articolor articolor agents agents are articolor agents agents are are articolor agents agents are articolor are are are articolor agents agents are articolor are are are articolor are are are articolor are articolor are articolor are are articolor are articolor are articolor arti	or changes are made, the Florida street address of the revill be identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of cless of deganization or the operating agreement of the liable are authorized to the operating agreement of the liable are of amember or authorized representative of a member of a member of all statutes relative to the proper and complete polications of my position as registered agent as provided in the registered office address. The liable reflect a change in the registered office address. The	egistered ility comp the limite mited liab to act in erforman for in Che	office and the pany, it is he ed liability compared this capacity of my dutingter 605, F.	e business of reby confirm ompany or as by. Se Wize inted or typed now. I further a ses, and I am S. Or, if this	ffice of the reg ned that the chi is otherwise pro- name of signee carries to compli- familiar with is document is h	gistered ange(s) ovided in ly with the and accept being filed
Signatur	re of Registered Agent					