## L23000081825

(Requestor's Name)						
(Address)						
(1.00.000)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
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J. HORNE						
J. HORNE SEP 1 9 2024						
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2024 SEP 16 PH 2: 5

## **COVER LETTER**

TO:		stration Section sion of Corporations							
SUBJE	ECT:	ULTIMATE RACQUET SPORTS LLC							
0,2,2,2		Name of Limited Liability Company							
Dear Si	ir or N	Aadam:							
The end	closed	I Registered Agent/Registered Office C	hange a	nd fee(s) are submitted for filing.					
Please	return	all correspondence concerning this ma	itter to tl	ne following:					
HARRY	Y M S	AMUELS							
		Name of Person		<del></del>					
REGIS'	TERE	D AGENTS OF SOUTH FLORIDA INC							
		Firm/Company	_	<del></del>					
2901 ST	TIRLE	NG ROAD #307-308							
-		Address							
FT LAU	UDER	DALE, FL 33312							
		City/State and Zip Code		<del></del>					
HARRY	Y@SA	MUELSACCOUNTING.COM							
Е	-mail	address: (to be used for future annual i	eport no	tification)					
For fur	ther in	nformation concerning this matter, plea	ise call:						
HARR	Y M S	AMUELS	954 t (	966-1350					
		Name of Person	. (	Area Code & Daytime Telephone Number					
	Reg Divi P.O.	ling Address: istration Section ision of Corporations . Box 6327 ahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					
	Encl	losed is a check for the following amo	ount:						
	■ \$2	25 Filing Fee		\$55 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. Na	me of the limited liability company:	:QUET	ΓSP	ORTS LL	C			
2. (a)	1601 N DIXIE HWY			(b) 1601 N DIXIE HWY				
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(-)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	APT 616			APT 616				
	LAKE WORTH, FL 33460	<u> </u>		LAKE WORTH, FL 33460 L23000084825				
	02/16/2023		I.					
3.	Date of filing/registration in Florida	4.	_		Document number			
5. (a)	BOUCHET, ADRIEN F							
). (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:							
	1601 N DIXIE HWY							
	Registered Office Address (MUST BE FLORIDA STREET)	4DDRI	<u> </u>		_			
	APT 616							
(b)	LAKE WORTH , FL	33460	2024 6					
	HARRY M SAMUELS	PILED 2024 SEP 16 PH						
	Enter name of NEW Registered Agent and/or NEW Registered							
	2901 STIRLING ROAD				H 2: 5			
	NEW Registered Office Address:				59			
	STE 308				_			
	FT LAUDERDALE , FL	33312	<u>.</u>		_			
change agent w was/we the arti	imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lia- ere authorized by an affirmative vote of the members of class of organization or the operating agreement of the	regist ibility of the l limite	erec con limi d lia	l office ar ipany, it ed liabili	nd the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in mpany.  MUELS			
/      /	ture of a member or authorized representative of a member				Printed or typed name of signee			
provisi the obli to mere	by accept the appointment as registered agent and agrous of all statutes relative to the proper and complete igations of my position as registered agent as provided livelect a change in the registered office address, I have a change of this change.	nertor	*********	ice of my	duties, and I am lamiliar with and accept			

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

Signature of Registered Agent