18066139786

| (Requestor's Name) |
|-----------------------------------------|
| (Address) |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| |
| (Document Number) |
| |
| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer; |
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COVER LETTER

| _ | istration Section ision of Corporations | | | | | | | |
|---------------------------------------------------------------------|-------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|
| SUBJECT: GM (Leoning Centers LLC Name of Limited Liability Company | | | | | | | | |
| | Name of L | imited Liability Company | | | | | | |
| Dear Sir or I | Madam: | | | | | | | |
| The enclosed | d Registered Agent/Registered Office Cha | inge and fee(s) are submitted for filing. | | | | | | |
| Please return | all correspondence concerning this matter | er to the following: | | | | | | |
| | Ana Gil | 75 | | | | | | |
| | Name of Person | | | | | | | |
| <u> </u> | Learning Centers LLC Firm/Company | | | | | | | |
| 252 | Soratoga Blud E Address | | | | | | | |
| Roy | al Palm Beach, FL 33' City/State and Zip Code | 1 11 · | | | | | | |
| ANAG E-mail | address: (to be used for future annual rep | 1 ort notification) | | | | | | |
| For further is | nformation concerning this matter, please | call: | | | | | | |
| An | Name of Person at (| 30S) 790-7688 Area Code & Daytime Telephone Number | | | | | | |
| Reg Divi P.O. | iling 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 | | | | | | |
| Enel | losed is a check for the following amour | nt: | | | | | | |
| X s | \$25 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:GMU | אינויט | 3 Cent | ers LLC | | |
|--------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|-----------------------------------------------------------|-------------------------------------------------------------------------------------------|-------------------------------------------------------------|----------------------------------------------------|
| 2. (a) | Ma 63 | | . | Ana G | .) | |
| (, . | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | (0) | | Mailing address of limit (Note: MAY BE PC | ited liability co | |
| | 252 Saratoga Blud E | | 252 | Saratoga | Blud | <u> </u> |
| | Rajai Palm Beach, FL 33411 | _ | | Polm Bea | | |
| | 06/05/2018 | - <u>,</u> - | | 000139 | | |
| 3. | Date of filing/registration in Florida | 4. | į | Document number | r | |
| 5. (a) | Eugle Tax Representation Co Registered Agent and Registered Office shown on the records of t | π γ he Florida i | Dept. of State | :: | | |
| | Gagle Tox Representation Con | P | | | | |
| | Registered Office Address (MUST BE FLORIDA STREET A | (DDRESS) | | | ~-* | |
| | 5493 Wiles Road Ste | 105 | | | | |
| | COCONUT Creek ,FL | 331 | <u> </u> | | | |
| (b) | Ana Gil | | | | | |
| Enter name of NEW Registered Agent and/or NEW Registered Office address: | | | | • | •• | |
| | Ana Gil | | | | t - | |
| | NEW Registered Office Address: | | | • | | |
| | 252 Saratoga Bivd E | | | | | |
| | Rayal Palm Beach , FL | 33 | 411 | | | |
| change agent w was/we | mited 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 re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the | registered bility con f the limi | d office and npany, it is ted liability | I the business office hereby confirmed company or as of | ce of the reg | istered ange(s) |
| | | | | Ana Ga | | |
| _ | ure of a member or authorized representative of a member | | | Printed or typed nam | Ū | |
| provisu the obli to mere | by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete perions of my position as registered agent as provided by reflect a change in the registered office address, I have the control of this change. | ee to act i performan I for in Ci ereby con | n this capa nce of my d hapter 605, nfirm that t | icity. I further agr luties, and I am fa F.S. Or, if this d he limited liability | ree to compl miliar with i ocument is l ocompany h | y with the and accept peing filed as been |
| Signatur | e of Registered Agent | | | | | |