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



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COVER LETTER

| TO: | Registration Section Division of Corporations | | | | | | | |
|--------|--|--------------|------------|--|--|--|--|--|
| cno i | Simba Academy L.L.C | | | | | | | |
| SUBJ | | ame of Lir | nited Li | ability Company | | | | |
| Dear S | Sir or Madam: | | | | | | | |
| The er | nclosed Registered Agent/Registered O | ffice Chan | ige and f | fee(s) are submitted for filing. | | | | |
| Please | return all correspondence concerning | this matter | to the f | ollowing: | | | | |
| | JAMES MBILINYI | | | | | | | |
| | Name of Person | | | _ | | | | |
| | Simba Academy L.L. | .C | | | | | | |
| | Firm/Company | | | _ | | | | |
| | 14500 N 46th St. 1. | 34 | | | | | | |
| | Address | | | | | | | |
| | Tampa, FL 33613 | | | | | | | |
| | City/State and Zip Code | | | _ | | | | |
| | simba24x@gmai | l.com | | | | | | |
| I | E-mail address: (to be used for future a | nnual repo | rt notific | cation) | | | | |
| For fu | rther information concerning this matte | er, please e | all: | | | | | |
| | JAMES MBILINYI | at (| 615 | 7201358 | | | | |
| | Name of Person | \ | | Area Code & Daytime Telephone Number | | | | |
| | Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | | | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 | | | | |
| | Enclosed is a check for the following | ig amount | ı : | | | | | |
| | ■ \$25 Filing Fee | | □ \$5 | 5 Filing Fee & Certified Copy | | | | |
| INHSI | 8 (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. N | ame of the limited liability company: | Acade | my | / L.L.C | | | |
|----------------------------|---|----------------------------------|-------------------|---|--|--|--|
| 2. (a) | 14500 N 46TH | | (b) | 14500 N | 1 46TH | | |
| , | Principal office address of limited habitity company. (Note: MUST BE STREET ADDRESS) | _ | (***) | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | | |
| | 134 | | | 134 | | | |
| | TAMPA.FL. US 33613 | _ | | TAMPA. | FL. US 33613 | | |
| | July 11, 2023 effective August 01, 2023 | | l | _2300032 | 9217 | | |
| 3. | Date of filing/registration in Florida | 4. | - | | Document number | | |
| 5. (a |) JAMES MBILINYI | | | | | | |
| · | Registered Agent and Registered Office shown on the records of the Florida Dept. of State: | | | | | | |
| | Registered Office Address (MUST BE FLORIDA STREET) | _ | | | | | |
| | 14500 N 46TH | 1717111 | . 3. 3 / | | | | |
| | 134. TAMPA | 33613 | | | - 20 | | |
| | . F1. | | _ | | _ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | | |
| (b) | Registered Agents Inc | | | | 2023 AUG 25 P | | |
| | Enter name of NEW Registered Agent and/or NEW Registered | 25 | | | | | |
| | Registered Agents Inc | | | | PH | | |
| | NEW Registered Office Address: | | | | 01:51 Rd | | |
| | 7901 4th St N,STE 3 | 0 } | | | | | |
| | C. D | | | | _ | | |
| | St. Petersburg | 33702 | | | _ | | |
| chang agent was/w | limited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lial ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the limited. | registe bility c f the lit | rec con mit | l office ar ipany, it i ed liabilii | nd the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in | | |
| Signa | ture of a member or authorized representative of a member | _ | | | Printed or typed name of signee | | |
| provis the oh to mer | by accept the appointment as registered agent and agre- ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided why reflect a change in the registered office address. I had in writing of this change. | verforn ' for in | nar C'I | ice of my anter 60: | duties, and Lam familiar with and accept 5 F.S. Or if this document is being filed. | | |
| Cianas | Julid Sperts | | | | | | |
| Signatu | ire of Registèréd Agent | | | | | | |