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SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Doral Campus, LLC				
i i	Name of Limited Liability Company			
Dear Sir or Madam:				
The enclosed Registered Agent/Register	red Office Change and fee(s) are submitted for filing.			
Please return all correspondence concern	ning this matter to the following:			
Nathan Berman				
Name of Persor	1			
Corporate Solutions Inc.				
Firm/Company				
40 SW 13th Street, Suite 804	0.			
Address				
Miami, Florida 33130				
City/State and Zip	Code			
nathberman@aol.com				
E-mail address: (to be used for fut	ure annual report notification)			
For further information concerning this	matter, please call:			
Nathan Berman	305 371-6563			
Name of Person	Area Code & Daytime Telephone Number			
STREET/COURIER ADDRE	SS: MAILING ADDRESS:			
Registration Section	Registration Section			
Division of Corporations	Division of Corporations			
Clifton Building	P.O. Box 6327			
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314			
Enclosed is a check for the fol	llowing amount:			
☑ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy			
INHS18 (2/14)	1			

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: Doral Campus	s, LLC					
2. (a)	40 SW 13th Street 804 Miami El 33130	(b	, 40 SW	13th Street 804 M	iami, FL	3313	0
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (*		Mailing address of limited (Note: MAY BE POST			
3.	07/16/2002 Date of filing/registration in Florida		L020000	017904 Document number			
5. (a	Business Filings Incorporated						
J. (a	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of State	- c :			
	1200 South Pine Island Road Plantation, FL	. 33324	·				
	Registered Office Address (MUST BE FLORIDA STREET.			-	SE TAL	17	
	1200 South Pine Island Road Plantation, FL	33324		. -	CHETARY OF LAHASSEE, F	SEP 2	F
(b)	Josefina A Gattei PA				388 340 340 340 340 340 340 340 340 340 340	25	
ν.,	Enter name of NEW Registered Agent and/or NEW Registered	DE 22MO	dress:	-	FLORIDA	条 9:5	
	NEW Registered Office Address:			-	_	00	
	1000 E Hallandale Beach Blvd Suite 28			_			
	Hallandale Beach	33009		_			
the chagent was/v	limited liability company is not organized under the law lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of ticles of arganization of the operating agreement of the	f the regi ability co of the lim limited	stered offic ompany, it i nited liabilit liability cor	e and the business of is hereby confirmed the ty company or as other npany.	fice of the	registe	ered)
X	furtifold buy	Gu	illermo Co				
	aturd of a member for authofosed representative of a member			Printed or typed name of	-		
ner provi the of to me notifi	eby accept the appointment as registered agent and age sions of all statutes relative to the proper and complete higations of my position as registered agent as provide rely reflect a charge in the registered office address. I ed in writing of this change.	ree to ac. perform ed for in (hereby c	i in this cap ance of my Chapter 60, onfirm that	pacity. I further agree duties, and I am fam. 5, F.S. Or, if this doc the limited liability o	z to compl iliar with i ument is b company h	v with and ac peing f as bee	the cept iled n
Signa	ture of Registered Agent						
<u>_</u>	Division of Corporations • P.O. FILING F			ssee, FL 32314			

INHS18 (2/14)