I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LYNN BLANK

DOCUMENT# L08000015922

Entity Name: EXAM SERVICES OF CENTRAL FLORIDA, LLC

Current Principal Place of Business:

8865 COMMODITY CIRCLE #13-216 ORLANDO, FL 32819

Current Mailing Address:

8865 COMMODITY CIRCLE #13-216 ORLANDO, FL 32819 US

FEI Number: 33-1203435

Name and Address of Current Registered Agent:

BLANK, LYNN 8865 COMMODITY CIRCLE 13-216 ORLANDO, FL 32819 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

1	Authorized Person(s) Detail :				
•	Title	MRS	Title	VP	
I	Name	BLANK, LYNN D	Name	BLANK, CARY	
	Address	5 INDIAN RIVER AVE #1106 FLORIDA	Address	5 INDIAN RIVER AVE #1106 FLORIDA	
(City-State-Zip:	TITUSVILLE FL 32796	City-State-Zip:	TITUSVILLE FL 32796	
	Title	TREASURER			
I	Name	WERTZ, JASON D			
	Address	608 HIGHLAND AVE			
(City-State-Zip:	TOWSON MD 21204			

Electronic Signature of Signing Authorized Person(s) Detail

FILED Mar 04, 2024 Secretary of State 9697962557CC

Certificate of Status Desired: No

03/04/2024

PRESIDENT/OWNER

Date