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: ALANA TOMASSO

Electronic Signature of Signing Authorized Person(s) Detail

Entity Name: IMAGINE SCHOOL AT SARASOTA, LLC

Current Principal Place of Business:

6220 MCINTOSH ROAD SARASOTA, FL 34238

Current Mailing Address:

1900 GALLOWS RD SUITE 250 VIENNA, VA 22182 US

FEI Number: 26-3328979

Name and Address of Current Registered Agent:

COGENCY GLOBAL INC. 115 NORTH CALHOUN ST SUITE 4 TALLAHASSEE, FL 32301 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 :

Title	MANAGER, PRESIDENT	Title	MANAGER
Name	TOMASSO, ALANA	Name	ANDREWS, LEMUEL
Address	124 VENTOSA PLACE	Address	12303 TALL PINES WAY
City-State-Zip:	VENICE FL 34275	City-State-Zip:	LAKEWOOD RANCH FL 34202
Title	MANAGER		
Name	MARTIN, RICHARD		
Address	1824 RHOADES TERRACE		
City-State-Zip:	SARASOTA FL 34234		

PRESIDENT

05/06/2020

FILED May 06, 2020 Secretary of State 9006748578CC

Certificate of Status Desired: No

Date

Date