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. 01/24/2022

SIGNATURE: JULIA WESTER

PANKOW, CHRISTIAN J Name

MIAMI FL 33133

MIAMI, FL 33133

Entity Name: FIELD SCHOOL SCIENTIFIC TRAINING LLC

Current Mailing Address:

3373 CHARLES AVE

DOCUMENT# L14000030278

Current Principal Place of Business:

3109 GRAND AVE #154 MIAMI. FL 33133

FEI Number: 47-1442746

Name and Address of Current Registered Agent:

MACDONALD, CATHERINE 3373 CHARLES AVE

MACDONALD, CATHERINE 3373 CHARLES AVE MIAMI, FL 33133 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.

Title

Name

Address City-State-Zip: AMBR

WESTER, JULIA N

MIAMI FL 33133

3373 CHARLES AVE

DIRECTOR OF PROGRAM

DEVELOPMENT

SIGNATURE:

Title

Title

Name

Address

City-State-Zip:

Electronic Signature of Registered Agent

Authorized Person(s) Detail : AMBR

AMBR

Hamo	
Address	3373 CHARLES AVE
City-State-Zip:	MIAMI FL 33133

Electronic Signature of Signing Authorized Person(s) Detail

Certificate of Status Desired: No

8962916490CC

Date

Date