

2023 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L14000196927

Entity Name: CHAPPELL SCHOOLS, LLC**Current Principal Place of Business:**8400 BAYCENTER ROAD
JACKSONVILLE, FL 32256**Current Mailing Address:**8400 BAYCENTER ROAD
JACKSONVILLE, FL 32256 US**FEI Number:** 47-5013528**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHAPPELL SCHOOLS, LLC.
8400 BAYCENTER ROAD
JACKSONVILLE, FL 32256 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:** CHAPPELL SCHOOLS, LLC

10/31/2023

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MANAGER
Name TIALIOS, LYNNE CHAPPELL
Address 8400 BAYCENTER ROAD
City-State-Zip: JACKSONVILLE FL 32256

Title MANAGER
Name TIALIOS, YANNIS
Address 8400 BAYCENTER ROAD
City-State-Zip: JACKSONVILLE FL 32256

Title MANAGER
Name JOHNSON, ELAINE
Address 8400 BAYCENTER ROAD
City-State-Zip: JACKSONVILLE FL 32256

Title MANAGER
Name HARMS, SUE
Address 8400 BAYCENTER ROAD
City-State-Zip: JACKSONVILLE FL 32256

Title MANAGER
Name LIPPES, HARLOD
Address 8400 BAYCENTER ROAD
City-State-Zip: JACKSONVILLE FL 32256

Title MANAGER
Name BYRD, LAUREN CHAPPELL
Address 8400 BAYCENTER ROAD
City-State-Zip: JACKSONVILLE FL 32256

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: SUE HARMS

MANAGER

10/31/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date