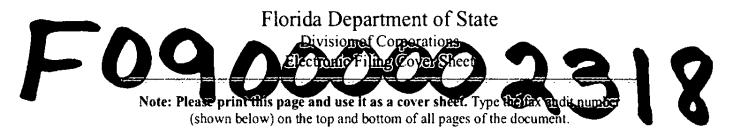
Division of Corporations



(((H20000081614 3)))



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To:

Division of Corporations

Fax Number : (850)617-6380

from:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274

: (888)706-7274 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:		······································
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## REGISTERED AGENT CHANGE THE LEARNING EXPERIENCE CORP.

Certificate of Status	0
Certified Copy	0
Page Count	01
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## **COVER LETTER**

→ 18506176380

TO: Ame

Amendment Section Division of Corporations

Surfect. The Learning Experience Holding Corp.

Name of Corporation

POCUMENT NUMBER. F09000002318

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Margot Mullin

Name of Contact Person

Registered Agent Solutions, Inc.

Firm/Company

1701 Directors Blvd., Suite 300

Address

Austin, TX 78744

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Margot Mullin

at (

/05-/2/4

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of ch	provisions of sections 607.0502, ange is submitted for a corporati er to change its registered office	on organized w	nder the lav	vs of the State of	Delaware	
1. The name of	the corporation: The Learn	ning Expe	rience	Holding C	Corp	<u>.</u>
2. The principa	l office address: 210 Hillsbor	o Technolog	gy Drive	Deerfield Be	each, FL 3344	1
3. The mailing	address (if different):					
4. Date of incom	rporation/qualification: 6/9/20	009	Document 1	number: F09	000002318	
	nd street address of the current regurtment of State: (If resigned, enter CORPORATION	er resigned)				
	1201 HAYS STREET			*	<del></del>	<u>:.</u>
	TALLAHASSEE		FL	32301	2013	
6. The name an (if changed):	Registered Agen	•		J	r.	12 pt 12: 05
	155 Office Plaza	Dr. S	Suite A	\	- -	7.5
	Tallahassee	FL	3230	)1	_	
The street addr as changed wil	ress of its registered office and the identical.	he street addres	s of the bu	siness office of	its registered agent	,
Such change wanthorized by t	as authorized by resolution duly the board, or the corporation has	adopted by its been notified i	board of d	irectors or by a f the change.	n officer so	
	el Shafis ure of an officer or director	Mid	chael S	Shafir	Secretary	
I further agree performance of agent. Or, if th	t the appointment as registered to to comply with the provisions of f my duties, and I am familiar w his document is being filed mere to that the corporation has been t	f all statutes re ith and accept i ly to reflect a c	lative to th he obligati hange in th	e proper and co ion of my position to registered off	on as registered	
Hode	enzight	03/	02/202	20		
Si	gnature of Registered Agent			Date		
	chalf of an entity:					
	Hart - Assistant Secretar Typed or Printed Name	<u>y</u>				
	*** FIL	ING FEE: \$35	.00 * * *			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314