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DIVISION OF CORPORATIONS

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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited liability company is: Educ	ation broup Services, LLC.
2. The mailing address of the limited liability company is	8535 Baymendows Rd.
Jacksonville FL 32256	
2/27/04	2040000/6/00
3. Date of filing/registration in Florida	4. Document number
5. The name of the registered agent and the registered offic Florida Department of State:	e address as shown on the records of the
Kirby J Chr Name	itton
1301 Riverplace Address	Blud Ste 1580 & 555 25 25 25 25 25 25 25 25 25 25 25 25
SackSonville f City, State and	12 32207 32 SEE
6. The name and address of the new registered agent and/or	
Soseph P M one Name 25495 Marsh Florida street address (P.O. Box	Landing Parkway
Jacksonville, FL City, State and Z	12085 ip
If the limited liability company is not organized under the l confirmed that after the change or changes are made, the FI and the business office of the registered agent will be identiability company, it is hereby confirmed that the change(s) the members of the limited liability company or as otherwise the operating agreement of the limited liability company.  (Signature of a member or authorized representative of a member)	lorida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote of
(Printed or typed name of signee)	
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the proving and I am familiar with and accept the obligations of my pochapter 608, F.S. Or if this document is being filed to men address. hereby confirm that the limited liability company	gree to act in this capacity. I further agree to per and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office has been notified in writing of this change.
Signature of registered Agent)  Division of Corporations, P.O. Box 63:	27 Tallahassaa El 22214
Division di/Coi poi audită f .O. Dux uz.	# 1、 I ALLAHANGSCC, P.L. J.L.J.T

**FILING FEE: \$25.00** 

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