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COVER LETTER

	on of Corporations					
SUBJECT:	Good Shepherd Episcopal School LLC					
ochober	Nam	e of Limited Liab	ility Company			
Dear Sir or Ma	ıdam:					
The enclosed I	Registered Agent/Registered Off	ice Change and fe	e(s) are submitted for filing.			
Please return a	Il correspondence concerning th	is matter to the fol	lowing:			
Donna B	lythe					
	Name of Person					
Good Sh	epherd Episcopal School L	LC				
	Firm/Company					
402 Seal	orook Road					
	Address		•			
Tequesta	a, FL 33469					
	City/State and Zip Code					
DBlythe@	goodshepschool.com					
E-mail ac	ddress: (to be used for future ann	ual report notifica	ition)			
For further inf	formation concerning this matter,	please call:				
Donna B	lythe	561	746-5507			
	Name of Person		Area Code & Daytime Telephone Number			
Regist Divisi Cliftor 2661 I	ET/COURIER ADDRESS: cration Section on of Corporations n Building Executive Center Circle classee, Florida 32301	Regis Divis P.O.	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed is a check for the following amount:						
☑ \$25	Filing Fee	□ \$55	Filing Fee & Certified Copy			
INHS18 (2/14)						

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.	Na	ne of the limited liability company: Good Shepherd Episcopal School LLC			
2.	(a)		(b)		
	•	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
		402 Seabrook Road			
		Tequesta, FL 33469			
		06/15/2004		L04000045092	
3.		Date of filing/registration in Florida	4.	Document number	
5.	(a)				
•	(4)	Registered Agent and Registered Office shown on the records of	the Florida Dept.	. of State:	
		Parson, Steven Esq			
		Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)		
		222 Lakeview Ave #800		17	
		West Palm Beach , FI	33401	\$ 100 mg	
` '			·	<u> </u>	
	(b)				
	,	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office address:		
		Steven Parson Esq			
		NEW Registered Office Address:			
		City Place Tower 525 Okeechobee Blvd #	1100		
		West Palm Beach	L 33401		
the ag	e cha ent v as/w e art	imited liability company is not organized under the lange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members is seles of organization or the operating agreement of the mure of a member or authorized representative of a member oby accept the appointment as registered agent and agains of all statutes relative to the proper and completely reflect a change in the registered office address, I	of the registered iability compared to limited liability Rev	d office and the business office of the registered try, it is hereby confirmed that the change(s) liability company or as otherwise provided in lity company. Douglas Scharf Printed or typed name of signee this capacity. I further agree to comply with the	
no	iijie 	d in writing of this change.	coy co.yu		