## L04000055356

(Requestor's Name)					
(Address)					
(Address)					
(Cit	y/State/Zip/Phon	e #)			
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(Business Entity Name)					
(Document Number)					
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SECRETARY OF STATE

J. BRYAN

SEP - 7 2011

**EXAMINER** 



411 East Wisconsin Avenue Milwaukee, Wisconsin 53202-4497 Tel 414.277.5000 Fax 414.271.3552 www.quarles.com Attorneys at Law in: Phoenix and Tucson, Arizona Naples and Tampa, Florida Chicago, Illinois Milwaukee and Madison, Wisconsin Shanghai, China

Writer's Direct Dial: 414.277.5191 E-Mail: cynthia.jorgensen@quarles.com

August 31, 2011

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

RE: Creative World Schools Franchising Co., Inc. Creative World Schools Three Oaks, LLC

Dear Sir/Madam:

Enclosed, in duplicate, for filing are the following

- 1. Statement of Change of Registered Office or Registered Agent or Both for Corporations for Creative World Schools Franchising Co., Inc.; and
- 2. Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company for Creative World Schools Three Oaks, LLC.

Also enclosed is a check in the amount of \$60.00 to cover the filing fee. Please return the evidence of filing to me. A self-addressed, stamped envelope is enclosed for your convenience.

If you have any questions, please contact me.

Cynthia Z. Jorgense Corporate Paralegal

CZJ:hs Enclosures QB/14386572

## **COVER LETTER**

TO:	_	ration Section on of Corporations			
SUBJECT: Creative World Schools Three Oaks, LL				LLC	
	· <u>-</u>	Name o	f Limited Liabi	lity Company	
Dear	Sir or Ma	adam:			
The c	enclosed l	Registered Agent/Registered	Office Change	and fee(s) are submitted for	r filing.
Pleas	e return a	ill correspondence concernir	ig this matter to	the following:	
Cynt	thia Z. Jo	Orgensen			
		Name of Person	<del></del> -,,	<del>-</del>	
Qua	rles & Br	ady LLP			
		Firm/Company		<del>_</del>	<u> </u>
411	E. Wisco	onsin Ave., Ste. 2040			SEP -
		Address	<del></del>	<del></del>	SSEE OF THE STATE
Milw	aukee, V	NI 53202			-6 PH 2: 28
		City/State and Zip Code		_	器 28
mari	anne@c	reativeworldschool.com			T.
	-mail addre	ss: (to be used for future annual repor	t notification)	_	
For fi	urther info	ormation concerning this ma	tter, please call	:	
Магі	anne Wh	nitehouse	239	947-6177	
		Name of Person		Area Code & Daytime Telephone N	umber
	Registra Division Clifton 2661 Ex	ET/COURIER ADDRESS: ation Section n of Corporations Building secutive Center Circle ssee, Florida 32301	Reg Div P.O	AILING ADDRESS: distration Section dision of Corporations display Box 6327 dahassee, Florida 32314	
	Enclos	ed is a check for the follow	ing amount:		
	\$25	Filing Fee	<b>\$5</b>	5 Filing Fee & Certified Co	ру

## 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. Na	me of the limited liability company: Creative World	d Schools Three Oaks, LLC
2. (a)	Principal office address of limited liability company	25110 Bernwood Drive, Unit 104
	(Note: MUST BE STREET ADDRESS)	Bonita Springs, Florida 34135
(b)	Mailing address of limited liability company:	25110 Bernwood Drive, Unit 104
	(Note: MAY BE POST OFFICE BOX)	Bonita Springs, Florida 34135
7/26/2	004	L04000055356
3. Dat	te of filing/registration in Florida	4. Document number
5. (a)	Registered Agent and Registered Office shown on t	·
	Registered Agent:	Tampa-Lawdock, Inc.
	Registered Office Address:	101 East Kennedy Boulevard
		Suite 3400 Tampa, Florida 33602
		Value of the control
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	V Registered Office address:
	NEW Registered Agent:	Joshua T. Keleske, P.L.
	NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	3333 West Kennedy Boulevard, Suite 204
		Tampa ,FL 33609
confirmand the liability of the or the	limited liability company is not organized under the lend that after the change or changes are made, the Flee business office of the registered agent will be ident by company, it is hereby confirmed that the change(s) members of the limited liability company or as other operating agreement of the limited liability company or as other operating agreement of the limited liability company or as other of a member or authorized representative of a member	orida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization
	nne Whitehouse	-
	or typed name of signee  by accept the appointment as registered agent and a y with the provisions of all statutes relative to the pro am familiar with and accept the obligations of my po- er 608, F.S. Or, if this document is being filed to me ss, I hereby confirm that the limited liability company	gree to act in this capacity. I further agree to oper 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.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

INHS18 (05/08)