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(Address)
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SECRETARY OF STATE
ARLAHASSEE, FLORID

105-4104

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Virtual Han Sch (Name of Limited	hool of Excellence LLC I Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office O	Change and fee(s) are submitted for filing.
Please return all correspondence concerning this ma	
Dona Williams (Name of Person) 10780 Pembroke Rocc (Firm/Company) Hollywood, Fr 3302 (Address)	SECRETARY OF STATE TALLAHASSEE, FLORIDA
(City/State and Zip Code)	
For further information concerning this matter, please at (Name of Person)	AS4
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 Enclosed is a check for the following amod \$25 Filing Fee INHS18 (8/05)	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

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: Vartocal High School of	Excell
2. The mailing address of the limited liability company is: 10750 Perriorite Ro	1 ()
Hollywood, Fr. 33023 1/13/05 L0500000 410	D6
3. Date of filing/registration in Florida 4. Document number	į
5. The name of the registered agent and the registered office address as shown on the records of Florida Department of State: Dana Williams Name 8384 SW 42nd Court Address Dave F. 33023 City, State and Zip	the T
6. The name and address of the new registered agent and/or office:	
Dana Williams	
Florida street address (P.O. Box NOT acceptable)	
Hollywood FL 33023 City, State and Zip	
If the limited liability company is not organized under the laws of the State of Florida, it is here confirmed that after the change or changes are made, the Florida street address of the registered and the business office of the registered agent will be identical. Or, in the case of a Florida limiliability company, it is hereby confirmed that the change(s) was/were authorized by an affirmation of the members of the limited liability company or as otherwise provided in the articles of organ or the operating agreement of the limited liability company. (Signature of a member or authorized representative of a member)	office ted ive vote
(Signature of a member of audiorized representative of a member)	
(Printed or typed name of signee)	
I hereby accept the appointment as registered agent and agree to act in this capacity. I further comply with the provisions of all statutes relative to the proper and complete performance of my and I am familiar with and accept the obligations of my position as registered agent as provided Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered address, I hereby confirm that the limited liability company has been notified in writing of this confirmation.	agree to v duties, d for in d office change.
(Significant of Registered Agent)	

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