

DOCUMENT# L05000022441

Entity Name: SCHOOL PSYCHOLOGY FOR STUDENT SUCCESS LLC

Current Principal Place of Business:

New Principal Place of Business:

Current Mailing Address:**New Mailing Address:**

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

AM&E SERVICES LLC
605 EAST ROBINSON STREET SUITE 730
ORLANDO, FL 32801 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date _____

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: ABRAMS, PAMELA F
Address: 605 E. ROBINSON STREET, SUITE 730
City-St-Zip: ORLANDO, FL 32801

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: LEHN E. ABRAMS

RA

02/16/2011

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date