

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90057 004 ****50.00

DOCUMENT # L05000053100				Secretary of State 01-17-2006 90057 004 ****50.00	
1. Entity Name CORTIVA INSTITUTE (FLORIDA), LLC					
Principal Place of Business 230 PARK AVENUE, 27TH FLOOR NEW YORK, NY 10169		Mailing Address 230 PARK AVENUE, 27TH FLOOR NEW YORK, NY 10169			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01042006 Chg-LLC CR2E083 (11/05)	
		4. FEI Number 20-3338099		☐ Applied For ☐ Not Applicable	
		5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City	FL	Zip Code
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CORTIVA EDUCATION, INC. 230 PARK AVENUE, 27TH FLOOR NEW YORK, NY 10169	☐ Delete			
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date Daytime Phone #					