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SECRETARY OF STATE TALLAHASSEE FLORID

## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: Math Monkey USA, LL (Name o	C f Limited Liability Company)		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered	Office Change and fee(s) are submitted for filing.		
Please return all correspondence concernir	ng this matter to the following:		
Lorena Colombo			
(Name of Person)			
Math Monkey USA, LLC (Firm/Company)	· 		
2727 East Oakland Park Blvd., Su	uite 205		
(Addiess)			
Ft. Lauderdale, Florida 33306 (City/State and Zip Code)	<del></del>		
For further information concerning this ma	atter, please call:		
Lorena Colombo (Name of Person)	at ( 305 ) 704.3200 ext. 120 (Area Code & Daytime Telephone Number)		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check for the follow	ing amount:		
<b>✓</b> \$25 Filing Fee	\$55 Filing Fee & Certified Copy		

## 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.

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1. The name of the limit	ed liability company is:	Math Monkey USA, LLC			·
2. The mailing address of	of the limited liability cor	npany is : <mark>2727 East Oa</mark>	kland Park Blvd.	, Suite	205 .
					<del></del> '
Ft. Lauderdale, Florida	33300			<del></del>	<u> </u>
9/29/2005		L050000955	548		
3. Date of filing/registra	tion in Florida	4. Document	number		
5. The name of the regist Florida Department of		ered office address as sho	own on the records	s of the	9
•	Socratic Solutions	, Inc.			
		Name			
	80 S.W. 8th Street,	Suite 2910	TI SEC	)7	
	P	Address	- AF	DEC	9 1
Miami, FL 33131			A A A	214	
	City, S	state and Zip	SEY	#	g g
6. The name and address	of the new registered ago	ent and/or office:	GF STATE E FLORID <i>i</i>	AM 10: 35	
	Socratic Solutions,	Inc.	OR	e.	
	N	ame	<u></u>	ũ	
	2727 East Oakland I	Park Blvd., Suite 205			
	Florida street address	(P.O. Box NOT acceptab	ole)		
	Ft. Lauderdale	FL 33306			
	City, Sta	ate and Zip			
confirmed that after the cand the business office o liability company, it is he of the members of the life or the operating agreement.	change or changes are ma f the registered agent will ereby confirmed that the mited liability company of	change(s) was/were author as otherwise provided i company.	ress of the register case of a Florida I prized by an affirn	red off imited native	vote
/ Lorena Colombo					
(Printed or typed name of signee	)				
I hereby accept the appo comply with the provision and I am familiar with a Chapter 608, F.S. Or, if address, I hereby confirm	nintment as registered ag ns of all statules relative nd accept the obligations this document is being fi n that the limited liability	ent and agree to act in thi to the proper and comple of my position as register ed to merely reflect a cha company has been notific	is capacity. I furt te performance of red agent as provi ange in the registe ed in writing of th	her ag f my di ided fo ered of is chä	ree to uties, yr in fice nge.
(Signature of Registered Agent)	_				

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