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(Requestor's Name)

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(Address)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 24 2016
BRUCI

**Stoneburner Berry
Purcell & Campbell, P.A.**

200 West Forsyth Street
Suite 1610
Jacksonville, FL 32202
Email: pdavidson@jaxlawgroup.com
Direct No.: 904-930-4087

May 19, 2016

VIA FEDERAL EXPRESS

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Change of Registered Agent

Dear Sir or Madam:

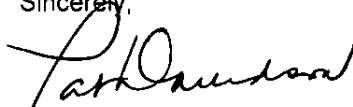
Please find enclosed the following documents:

1. Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company – KSM SCHOOL, L.L.C.
2. Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company – KSM SCHOOL II, L.L.C.
3. Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company – KSM SCHOOL III, L.L.C.

I am also enclosing our check in the amount of \$75.00 (\$25.00 per filing).

Thank you, and please contact me with any questions.

Sincerely,



Patricia J. Davidson
Legal Assistant

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KSM SCHOOL, L.L.C.

Name of 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 concerning this matter to the following:

JAMES L. PURCELL, JR.

Name of Person

STONEBURNER BERRY PURCEL & CAMPBELL, P.,

Firm/Company

200 West Forsyth Street, Suite 1610

Address

Jacksonville, FL 32202

City/State and Zip Code

jpurcell@jaxlawgroup.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Patricia Davidson

Name of Person

904

at ()

930-4087

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 following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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TALLAHASSEE, FLORIDA

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR
LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 605.0114 or 605.0116, 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. Name of the limited liability company: KSM SCHOOL II, L.L.C.

2. (a) 830-13 A1A NORTH (b) 830-13 A1A NORTH

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

UNIT 403

PONTE VEDRA BEACH, FL 32082

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

UNIT 403

PONTE VEDRA BEACH, FL 32082

JUNE 29, 2006

L06000023176

3. Date of filing/registration in Florida

4. Document number

5. (a) MILAM HOWARD NICANDRI DEES & GILLAM, P.A.

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

14 EAST BAY STREET

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

JACKSONVILLE, FL 32203

(b) STONEBURNER BERRY PURCELL & CAMPBELL, P.A.

Enter name of NEW Registered Agent and/or NEW Registered Office address:

200 WEST FORSYTH STREET

NEW Registered Office Address:

SUITE 1610

JACKSONVILLE, FL 32202

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized 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 agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

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

FILED
2016 MAY 23 P 3:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA