## L0700056641

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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## COVER LETTER ...

TO: Registration Section Division of Corporations			
SUBJECT: Expert Admissions, LLC (Name of Limited Liabili	ty 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:		
C. Christian Sautter, Esq.  (Name of Person)	_		
Seiler, Sautter, Zaden, Rimes & Weihe (Firm/Company)	_		
2850 North Andrews Avenue			
(Address)	_		
Fort Lauderdale, Florida 33311-2514			
(City/State and Zip Code)	_		
For further information concerning this matter, please call:			
C. Christian Sautter, Esq. at (954	) 568-7000		
***************************************	Area Code & Daytime Telephone Number)		
Registration Section Regi Division of Corporations Divi Clifton Building P.O.	ALING ADDRESS: istration Section sion of Corporations Box 6327 ahassee, Florida 32314		
Enclosed is a check for the following amount:			
\$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.

1. The name of the limi	ted liability company is:	Expert Admissions, LLC		·	
2. The mailing address	of the limited liability co	mpany is : 1550 Mad	ruga Avenue, Suite	410	
Coral Gables, Florida 331	46				
May 30, 2007		L070000	)56641		
3. Date of filing/registration in Florida		4. Docu	4. Document number		
5. The name of the regis Florida Department o	tered agent and the regis	tered office address a	s shown on the rec	cords of the	
•	Bari Norman				
		Name	· ·		
	1390 S. Dixie Highwa	y, Suite 1307		ESE SE	
		Address		CRE SE	
	Coral Gables, Florida	33146 State and Zip		FF FA	
	•	•		SSE J	
6. The name and addres	s of the new registered ag	ent and/or office:		FIS TO	
	Bari Norman			FILED SEP 27 AH II: 56 CRETARY OF STATE LAHASSEE, FLORID	
		lame		원건 당	
	1550 Madruga Avenue			DA A	
	Florida street address	(P.O. Box NOT acc	eptable)		
	Corai Gables,	FL 33146			
	City, St	tate and Zip			
confirmed that after the and the business office of liability company, it is hof the members of the light or the eperating agreeped.	mpany is not organized uchange or changes are more than the registered agent will ereby confirmed that the mited liability company ent of the limited liability orized representative of a member	ade, the Florida street il be identical. Or, in change(s) was/were a or as otherwise provi- company.	t address of the reg the case of a Flor authorized by an a	gistered office ida limited ffirmative vote	
		•			
C. Christian Sautter, Esc					
(Printed or typed name of signe	-				
I hereby accept the applications of the comply with the provision and I am familiar with a Chapter 608, F.S. Or is address, I hereby confirm (Signature of Registers Agent)	ointment as registered ag ins of all statutes relative nd accept the obligations this document is being f in that the limited liability	vent and agree to act to the proper and co go of the proper and co go of the proper and co will be only reflect of the company has been re-	in this capacity. I mplete performan is standard as to change in the renotified in writing	further agree to ce of my duties, provided for in gistered office of this change.	

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