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## **COVER LETTER**

TO: Registration Section

INHS18 (2/14)

Division of Corporations						
SUBJECT:	Children's Home Society Early Learning Initiative, LLC					
	Name of Limited Liability Company					
Dear Sir or N	∕ladam:					
The enclosed	Registered Agent/Registered Office Cha	nge and fee(s) are submitted for filing.				
Please return	all correspondence concerning this matte	r to the following:				
Frank D. G	Sonzalez, Esq.					
	Name of Person					
The Childr	en's Home Society of Florida					
	Firm/Company	Name of Limited Liability Company  Agent/Registered Office Change and fee(s) are submitted for filing.  Agent/Registered Office Change and fee(s) are submitted for filing.  Agent/Registered Office Change and fee(s) are submitted for filing.  Agent/Registered Office Change and fee(s) are submitted for filing.  Agent/Registered Office Change and fee(s) are submitted for filing.  Agent/Registered Office Change and fee(s) are submitted for filing.  Agent/Registered Office Change and fee(s) are submitted for filing.  Agent/Registered Office Change and fee(s) are submitted for filing.  Agent/Registered Office Change and fee(s) are submitted for filing.  Agent/Registered Office Change and fee(s) are submitted for filing.  Agent/Registered Office Change and fee(s) are submitted for filing.  Agent/Registered Office Change and fee(s) are submitted for filing.  Address  Address  Address  Agent/Registered Office Change and fee(s) are submitted for filing.  Address  Address  Address  Agent/Registered Office Change and fee(s) are submitted for filing.  Address  Address  Address  Agent/Registered Office Change and fee(s) are submitted for filing.  Address  Address  Address  Address  Address  Agent/Registered Office Change and fee(s) are submitted for filing.  Address  Address  Address  Address  Address  Address  Address  Address  Agent/Registered Office Change and fee(s) are submitted for filing.  Address  A				
1485 S. Se	emoran Blvd., Ste. 1448					
	Address					
Winter Par	k, FL 32792					
	City/State and Zip Code					
frank.gonz	alez@chsfl.org					
E-mail	address: (to be used for future annual repo	ort notification)				
For further in	formation concerning this matter, please of	call:				
Frank D. G		21 397-0047				
	Name of Person	Area Code & Daytime Telephone Number				
Regis Divis Clifto 2661	EET/COURIER ADDRESS: stration Section sion of Corporations on Building Executive Center Circle hassee, Florida 32301	Registration Section Division of Corporations P.O. Box 6327				
Enclosed is a check for the following amount:						
<b>2</b> \$2	5 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 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. Na	me of the limited liability company:	Children's Hom	e S	ociety Earl	y Learning Initiative,	LLC	
2. (a)	Principal office address of limited lia  (Note: MUST BE STREET A	nbility company: DDRESS)	C		Mailing address of limited lial (Note: MAY BE POST OF	bility con FFICE B	npany: <i>OX</i> )
	1485 S. Semoran Blvd., Ste.	1440			Semoran Blvd., Ste	. 1440	
	Winter Park, FL 32792	· · · · · · · · · · · · · · · · · · ·		Winter F	Park, FL 32792		· · · · · · · · · · · · · · · · · · ·
	August 31, 2007			L070000	94104		
3.	Date of filing/registration in	Florida	4.		Document number		
5. (a)	AM & E Services, LLC						
<i>U</i> , (u)	Registered Agent and Registered Office show	vn on the records of the	Flor	da Dept. of Stat	ee:		
	Registered Office Address (MUST BE F	LORIDA STREET ADI	ND E	CC)	_		
	P.O. Box 2967	LOKIDA SIKLEI ADI	UK L.	<u>33)</u>		15	SI
			200	0.0067	-	APR	ECR
	Orlando	, FL_3	280	2-2967	_	1	
(b)	Frank D. Gonzalez, Esq.					8 AM	RY C
(4)	Enter name of NEW Registered Agent and/	or NEW Registered Of	fice	address:	<b></b>	9:	: 30 : 30
	The Children's Home Society	of Florida				=	TATE ORID,
	NEW Registered Office Address:	<del>-</del>			_		<i>A</i>
	1485 S. Semoran Blvd., Ste.	1448			_		
	Winter Park	, FL_32	279	2	_		
the cha agent w was/we the artic	mited liability company is not organinge or changes are made, the Florida vill be identical. Or, in the case of a lare authorized by an affirmative vote cles of organization or the operating uteor a member or authorized representative	street address of the Florida limited liabi of the members of the agreement of the lin	e reg lity he li nited <u>M</u>	gistered office company, it i mited liabilit I liability con ichael J. Sl	e and the business office is hereby confirmed that by company or as otherwingany.  haver  Printed or typed name of signary.	of the the cha ise prov	registered nge(s) rided in
I herel provision the oblit to mere notified	by accept the appointment as register ons of all statutes relative to the prop igations of my position as registered by reflect a change in the registered in writing of this change.	ed agent and agree ser and complete pe agent as provided fo office address, I her	to a rfor or ir eby	ct in this cap mance of my a Chapter 602 confirm that	pacity. I further agree to duties, and I am familian 5, F.S. Or, if this docume the limited liability com	comply r with a ent is bo pany ho	with the nd accept eing filed us been
Signatur	e of Registered Agent						
	Division of Corp	orations• P.O. Box FILING FEE			ssee, FL 32314		