## 10800031302

(Requestor's Name)				
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ocument Number)				
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Special Instructions to Filing Officer:				
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Office Use Only



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TO:

INHS18 (2/14)

<b>FO:</b> Registration Section Division of Corporations				
SUBJECT: Kidsmart Child Deve	elopment Center LLC			
Name of Limited Liability Company				
Dear Sir or Madam:				
The enclosed Registered Agent/Regis	stered Office Change and fee(s) are submitted for filing.			
Please return all correspondence cond	cerning this matter to the following:			
Eddie Fray				
Name of Per				
name of Per	son			
Kidsmart Child Development C	enter			
Firm/Compa	ny			
313 N Warrington Road				
Address				
Pensacola, Florida 32506				
City/State and Z	ip Code			
edcyntfray1@bellsouth.net				
E-mail address: (to be used for	future annual report notification)			
For further information concerning th	nis matter, please call:			
Eddie Fray	850 455-5580 at (			
Name of Person	Area Code & Daytime Telephone Number			
STREET/COURIER ADDI	RESS: MAILING ADDRESS:			
Registration Section	Registration Section			
Division of Corporations	Division of Corporations			
Clifton Building	P.O. Box 6327			
2661 Executive Center Circle	e Tallahassee, Florida 32314			
Tallahassee, Florida 32301				
Enclosed is a check for the following amount:				
☑ \$25 Filing Fee	S55 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	ame of the limited liability company: Kidsmart Chile	d Development (	Center
2. (a)		(b)	
,,	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	313 N. Warrington Road	313 N V	Varrington Road
	Pensacola, Florida 32506	Pensac	ola, Florida 32506
	3/03/2009	L08000	0031302
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	King James W		<b>5</b> • • •
J. (a)	Registered Agent and Registered Office shown on the records of the Second Secon	the Florida Dept. of Sta	
	Registered Office Address (MUST BE FLORIDA STREET) 945 W MICHIGAN AVE	SSEE 16	
	Pensacola , FL	32505	FLOR
(b)	Christian Macneil		T DA DE CONTRACTOR DE CONTRAC
(-)	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	-
	600 university office Blvd Suite 17c		
	NEW Registered Office Address:		-
	600 university office Blvd Suite 17c		-
	PENSACOLA ,FL	32504	_
the chaagent was/withe art Signa I here provise the ober notifie	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lie ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the liture of a member or anthorized representative of a member by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address, I in writing of this change.	the registered office ability company, it of the limited liability continuited liability	the and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in impany.  Printed or typed name of signee  Printed or typed name of signee