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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Name of Limited Lie	ability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change and f	Fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the fe	ollowing:
Name of Person	_
Parlade Schueler Schools (PAs P) Firm/Company	9
5975 SING PAIR #802 Address	
South Migm/FL 33)43 City/State and Zip Code	_
E-mail address: (to be used for future annual report notific	cation)
For further information concerning this matter, please call:	
Name of Person at (305) 670-0400 Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amount:	
☑ \$25 Filing Fee ☐ \$5	5 Filing Fee & Certified Copy

INHS18 (2/14)

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.

 Na (a) 	ame of the limited liability company: NHANIN	-				
2. (d)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing addres (Note: MA	ss of limited lia	bility c	ompany: : <i>BON</i>)
	12073 SW 125 St.		12073 SW1	25 St.		
	Mami FL 33186		Mrami, FL3			
	04/01/08		L08200033	245		
3.	Date of filing/registration in Florida	4.	Document			
5. (a)	Registered Agent and Registered Office shown on the records of					
	Registered Office Address MUST BE FLORIDA STREET [2073 SW 125 S]			ĪΛΙ	20	
	Mami F	ı. <i>33187</i> 0			2021 APR	
(b)	Enter name of NEW Registered Agent and/or NEW Registere			AHASSEE FLORID	23	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	d Office addr	<u>ess</u> :	변설. 필간	A	· .
	Jaime Partuak			ZIMO.	2: 44	٠.
	NEW Registered Office Address: 5975 Super Day #807			. I.		
	5975 Sweet Dave #802 South Mami F	L_ <i>33/4</i> 2	3			
change agent v was/we	imited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	e registered lability com of the limit	office and the busine pany, it is hereby cored liability company bility company.	ess office of afirmed that or as otherw	the reg the ch ise pro	gistered nange(s)
			Mohworks Printed or ty) ip if		
I herei provisi the obl to mere	ture of a member or authorized representative of a member by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address. It din writing of this change,	e performan ed for in Ch	n this capacity. I furt ce of my duties, and i anter 605. F.S. Or. i	her agree to l am familiat f this docum	comp r with ent is	and accept being filed

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