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K.SALY EXAMINER EB 3 2014

COVER LETTER

| TO: Registration Section Division of Corporations | | | |
|---|---|--|--|
| \cap | earning Academy, LLC bility Company | | |
| Name of Limked Ela | They Company 7 | | |
| Dear Sir or Madam: | | | |
| The enclosed Registered Agent/Registered Office Chang | ge and fee(s) are submitted for filing. | | |
| Please return all correspondence concerning this matter to the following: | | | |
| Sylvia L. Ferguson Name of Person | | | |
| Piano Discovery Learning Academy | LLC | | |
| 637 Midiron DR | | | |
| Kissimmee I/ 34759 City/State and Zip Code | | | |
| SUNTA FEVOLUSION OF YOUR Estimail address: (to be used for future annual report notification) | choo Com | | |
| For further information concerning this matter, please ca | all: | | |
| Sylvia L. Ferguson at 1561 | 308-4814 | | |
| Name of Person | Area Code & Dayume Telephone Number | | |
| STREET/COURIER ADDRESS: | MAILING ADDRESS: | | |
| | Registration Section Division of Corporations | | |
| Division of Corporations L | minaton of Corporations | | |

Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

P.O. Box 6327 Tallahassee, 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

| company submits the following statement in order to chan both, in the State of Florida. | ge its registered office or registered agent, or | | |
|---|--|--|--|
| 1. Name of the limited liability company: Liano D. | is covery Learning Academy, LLC | | |
| 2. (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS) | Altamonte Springs FL 3271 | | |
| (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | 501 Granado Way Longwood, FL 312750 | | |
| April 13, 2013 3. Date of filing/registration in Florida | L 09080028469 4. Document number | | |
| 5. (a) Registered Agent and Registered Office shown on t | | | |
| Registered Agent: | Loree V. Rosenguist | | |
| Registered Office Address: | - FE - T | | |
| | 27 | | |
| (b) Enter name of NEW Registered Agent and/or NEW Registered Office address | | | |
| NEW Registered Agent: | Sylvia L. Ferguson ? | | |
| NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | 637 MIDICON DRIVER & | | |
| INCOLDE LECKIONI SIKELI KOOKESSI | ,FL 3475 9 | | |
| 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. | | | |
| Printed or typed name of signee | | | |
| I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the providing and I am familiar with and accept the obligations of my pochapter 605, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company | gree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office has been notified in writing of this change. | | |
| Solution of Registered Appen | | | |

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