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EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: <u>TNSTITUTE</u> OF Name of Limit	PATTEAN LITERACY ited Liability Company	110	
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office	ce Change and fee(s) are submitted	for filing.	
Please return all correspondence concerning this	s matter to the following:		
Robert J. Graves	, JR		
Enstitute of Pattern Lit Firm/Company 6136 Hadley Common	•	2810 JUL -2 SECRETARY TALLAHASSE	
Riversiew F1 33 City/State and Zip Code		JUL -2 AND 58 RETARY OF STATE AHASSEE, FLORIDA	9
RGRAVES 2 @ TAMPABAY, RK E-mail address: (to be used for future annual report notific	cation)	1	
For further information concerning this matter,	please call:		
Robert J. Graves at	Area Code & Daytime Telephone		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check for the following a	mount:		

\$55 Filing Fee & Certified Copy

\$25 Filing Fee

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. Name of the limited liability company: <u>INSTITU</u>	TE OF PATTERN LITERACY LLC
2. (a) Principal office address of limited liability compan	y: 6136 HADLEY COMMONS DRIVE
(Note: MUST BE STREET ADDRESS)	RIVERVIEW, FL 33578-4276
(b) Mailing address of limited liability company:	6136 HADLEY COMMONS DA
(Note: MAY BE POST OFFICE BOX)	RIVERVIEW, FL 33578-4270
1/11/2010	1.10000003794
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	MARCEY J. WALSH
Registered Office Address:	6136 HADLEY COMMONS DIR
	S 1 mm
(b) Enter name of NEW Registered Agent and/or NE	W Paristared Office address:
	RODEAT J. GRADES, VK.
NEW Registered Agent:	Om so
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	
(MOST BE PLONIDA STREET ADDRESS)	,FL
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ider liability company, it is hereby confirmed that the change of the members of the limited liability company or as other or the operating agreement of the limited liability company.	Florida street address of the registered office stical. Or, in the case of a Florida limited s) was/were authorized by an affirmative vote
Signature of a member or authorized representative of a member	_
Marcey J Walsh Printed or typed name of signee	
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pand I am familiar with and accept the obligations of my p Chapter 608, F.S. Or, if this document is being filed to maddress, I hereby confirm that the limited liability company.	agree to act in this capacity. I further agree to roper and complete performance of my duties, osition as registered agent as provided for in erely reflect a change in the registered office ny has been notified in writing of this change.
Signature/of Registered Agent	

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