L100000 12722

(Re	equestor's Name)			
———(Ad	dress)			
(Ad	dress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to	Filing Officer:			
<u> </u>				

Office Use Only



400252245404

10/10/13--01016--005 **25.00



COVER LETTER

Registration Section **Division of Corporations** EDUCATIONAL ENRICHMENT LEARNING CENTER L.L.C SUBJECT: Name of Limited Liability Company Dear Sir or Madam: The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: DANIEL MANDRY Name of Person **EDUCATIONAL ENRICHMENT LEARNING CENTER L.L.C** Firm/Company 374 E. BLOOMINGDALE AVE. Address BRANDON, FL. 33511 City/State and Zip Code DANIELMANDRY@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: DANIEL MANDRY Name of Person Area Code & Daytime Telephone Number STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section **Division of Corporations Division of Corporations**

P.O. Box 6327

Tallahassee, Florida 32314

□ \$55 Filing Fee & Certified Copy

Clifton Building

■ \$25 Filing Fee

2661 Executive Center Circle

Enclosed is a check for the following amount:

Tallahassee, Florida 32301

TO:

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 o	f the limited liability company:	EDUCATIONAL ENRI	CHMENT LEARNING CENTE	ER .		
	(a) Principal office address of limited liability compan (Note: MUST BE STREET ADDRESS)		374 E. BLOOMINGDALE AV SEFFNER, FL. 33511	E		
	ling address of limited liability ote: MAY BE POST OFFICE		374 E. BLOOMINGDALE AV SEFFNER, FL. 33511	E.		
02/03/2010			L10000012722			
3. Date of	filing/registration in Florida		. Document number			
5. (a) Reg	gistered Agent and Registered C	Office shown on th	ne records of the Flori	da Dept. of	State:	
Reg	sistered Agent:		A1A REGISTERED AGENT	INC.		
Reg	ristered Office Address:		ROYAL PALM BEACH, FL 33411			
(b) Ent	er name of <u>NEW Registered A</u>	gent and/or NEV	Registered Office a	when the	T (1	123 - E. r
NE	W Registered Agent:		DANIEL MANDRY	i i i i i i i i i i i i i i i i i i i	- 1	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)		ADDRESS)	311 RED ELM PL.	(25) (25)	<u> 등 (</u>	434.
	THE PARTY OF THE P		SEFFNER	FL33584		
confirmed and the bus liability conthe member the operation	ed liability company is not orgathat after the change or changes siness office of the registered agrapany, it is hereby confirmed the registered to the limited liability compand agreement of the limited liability of a member of authorized representative of a	s are made, the Flogent will be identing the change (s) any or as otherwise bility company.	orida street address of cal. Or, in the case of was/were authorized b	the register a Florida li by an affirm	ed office mited ative vo	te of
DANIEL MAND	DRY ed name of signee		-			
comply wit and I am for Chapter 60 address, I	ccept the appointment as regist h the provisions of all statutes i miliar with and accept the obli 18, F.S. Or, if this document is hereby confirm that the limited	ered agent and ag relative to the pro- gations of my pos being filed to men liability company	gree to act in this capa per and complete per ition as registered a ely reflect a change in has been notified in v	acity. I furth formance of ent as provi n the registe writing of th	her agree my duti ded for i red offic is chang	e to es, in ce e.

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