

L11000020992

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

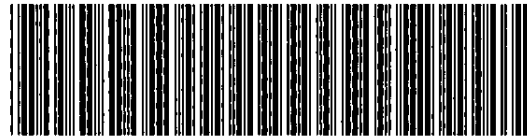
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
AUG - 8 2012
EXAMINER

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: UNIVERSITY EDUCARE, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Brian H. Rosenberg CPA

Name of Person

Firm/Company

160 Congress Park Drive, Suite 117

Address

Delray Beach, FL, 33445

City/State and Zip Code

bhrcpa@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brian H. Rosenberg CPA

Name of Person

at (561) 278-2120

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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: UNIVERSITY EDUCARE, LLC

2. (a) Principal office address of limited liability company: 3892 HERON RIDGE LANE

(Note: MUST BE STREET ADDRESS)

WESTON, FL 33331

(b) Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

P.O. Box 268566

Weston FL 33326

02/18/2011

3. Date of filing/registration in Florida

L11000020992

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State

Registered Agent:

PENA, J D

Registered Office Address:

701 BRICKELL AVENUE

1650

MIAMI FL 33131

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent:

Brian H. Rosenberg CPA, PLLC

NEW Registered Office Address:

160 Congress Park Drive, Suite 117

(MUST BE FLORIDA STREET ADDRESS)

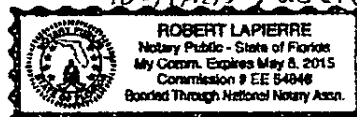
Delray Beach, FL, 33445, FL 33445

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.

Signature of a member or authorized representative of a member

BRICENO MATHEUS, MIGUEL A

Printed or typed name of signer



I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. On if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314