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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

Division of Corporations		
SUBJECT: GO FOR LA	NGUAGES US, LLC	
Name of Limite	ed 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 r	natter to the following:	
ETIENNE GILLARD		
Name of Person		
GO FOR LANGUAGES US, LLC		
Firm/Company		
1444 Biscayne Blvd. , Suite 208 - 26	· · ·	
Address	· ·	
Miami, FL 33132		
City/State and Zip Code		
eg@goforlanguages.com	•	
E-mail address: (to be used for future annual report notifical	ion)	
For further information concerning this matter, please call:		
Etienne Gillard at (786) 245 5040	
Name of Person	Area Code & Daytime Telephone Number	
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 amount:		
\$25 Filing Fee	\$55 Filing Fee & Certified Copy	

TO: Registration Section

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:	GO FOR LANGUAGES US, LLC	
2. (a) Principal office address of limited liability of	company: 1444 Biscayne Blvd.	
(Note: MUST BE STREET ADDRESS)	Suite 208 -26 Miami, Fl 33132	
(b) Mailing address of limited liability company	y: 1444 Biscayne Blvd.	
(Note: MAY BE POST OFFICE BOX)	Suite 208 -26 Miami, Fi 33132	
April 7th 2011	L11000041902	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office sho	own on the records of the Florida Dept. of State:	
Registered Agent:	ETIENNE GILLARD	
Registered Office Address:	121 Alhambra Plaza Suite 1500	
	Coral Gables, FL 33134	
NEW Registered Agent:	1444 Biscayne Blvd.	
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRES	cc) Sulte 208 -26	
	Miami ,FL 33132	
If the limited liability company is not organized un confirmed that after the change or changes are mad and the business office of the registered agent will liability company, it is hereby confirmed that the close of the members of the limited liability company or or the operating agreement of the limited liability of t	de, the Florida street address of the registered office be identical. Or, in the case of a Horista limited change(s) was/were authorized by an affirmative vo	te
Signature of a member or authorized representative of a member		
Etienne Gillard	STAT	
Printed or typed name of signee	Dm. N	
I hereby accept the appointment as registered age comply with the provisions of all statutes relative to and I am familiar with and accept the obligations of Chapter 608, F.S. Or, if this document is being file address, I hereby confirm that the limited liability of the confirmal confirmation of the confirmal confi	Int and agree to act in this capacity. I further agree to the proper and complete performance of my dution of my position as registered agent as provided for seed to merely reflect a change in the registered office company has been notified in writing of this change.	e to es, in e e.

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

Signature of Registered Agent