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Division of Corporations

Fax Number : (850)617-6383

Ficm:

Account Name .: C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (350)222-1092 Fax Number i (850)878-5368

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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

| Email | Address: |  |  |  |  |  |  |  |
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## LLC REGISTERED AGENT CHANGE BAY AREA CHARTER FOUNDATION, LLC

| Cortificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | ()      |
| Page Count            | 02      |
| Estimated Charge      | \$25.00 |

J. BRYAN

NOV 1 0 2011

## 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:Ba   | ay Area Charter Foundation, LLC   |  |  |  |  |  |
|---|---|--|--|--|--|--|
| 2. (a) Principal office address of limited liability comp   | pany: 6245 N. Federal Highway, 5th FL   |  |  |  |  |  |
| (Note: MUST BE STREET ADDRESS)  | Fort Lauderdale, FL 33308   |  |  |  |  |  |
| (b) Mailing address of limited liability company:   | sanie as above  |  |  |  |  |  |
| (Note: MAY BE POST OFFICE BOX)  |   |  |  |  |  |  |
| April 21, 2011  | L11000049574  |  |  |  |  |  |
| 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:   | Edward J. Pozzuoli, Esq.  |  |  |  |  |  |
| Registered Office Address:  | Tripp Scott, P.A.<br>110 SE 6th Street, 15th Floor<br>Fort Lauderdale, FL 33301   |  |  |  |  |  |
| (b) Enter name of NEW Registered Agent and/or N   | NEW Registered Office address:  |  |  |  |  |  |
| NEW Registered Agent:   | C T Corporation System, Inc.  |  |  |  |  |  |
| NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)   | 1200 South Pine Island Road   |  |  |  |  |  |
|   | Plantation ,FL 33324  |  |  |  |  |  |
| 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 ideability company, it is hereby confirmed that the change of the members of the limited liability company or as off or the operating agreement of the limited liability company or as office of a member or authorized representative of a member | e Florida street address of the registered office entical. Or, in the case of a Florida limited of(s) was/were authorized by an affirmative vote herwise provided in the articles of organization |  |  |  |  |  |
| Ken Haiko, President of Member  | ······································  |  |  |  |  |  |
| I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my chapter 608, F.S. Or, if this document is being flied Manderess, I hereby confirm that the limited liability completess, I hereby confirm that the limited liability completes.  | ASSISTANT Secretary   |  |  |  |  |  |
| Division of Corporations, P.O. Box<br>FALING FEE:   | 6327, Tallahassee, FL 32314<br>: \$25.00  |  |  |  |  |  |

INDS18 (05/08)