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| (Re | equestor's Name) | | |
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| PICK-UP | ☐ WAIT | MAIL | |
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SECULIARY OF FLORIDA

D. SCOTT JAN 2 7 2017

COVER LETTER

| TO: , Registration Section Division of Corporations | | |
|--|--|--|
| SUBJECT: Paul Signal Preschool AcAdemy I LLC 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: | | |
| Teneke Outing Name of Person | | |
| Paul Signal Preschool Academy I LLC Firm/Company | | |
| 131 54 Rd. 60 W Address | | |
| Lake Wales Fl. 33853 City/State and Zip Code | 1 | |
| E-mail address: (to be used for future annual report notification) | - 11 - | |
| For further information concerning this matter, please call: | | |
| Tenere auting #1(863) 605-8800 | | |
| Name of Person Area Code & Daytime Telephone Number | | |
| STREET/COURIER ADDRESS: MAILING ADDRESS: | | |
| Registration Section Registration Section Division of Corporations Division of Corporations | | |
| Clifton Building P.O. Box 6327 | Division of Corporations P.O. Box 6327 | |
| 2661 Executive Center Circle Tallahassee, Florida 32314 | | |
| Tallahassee, Florida 32301 | | |
| Enclosed is a check for the following amount: | | |
| ☐ \$55 Filing Fee & Certified Copy | | |

INHS18 (2/14)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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: Paul Signal Preschool Academy 2. (a) Shakina buting (b) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFI Lake Wales F1 33859 | ity company: |
|--|-----------------------------------|
| Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Mailing address of limited liability company: (Note: MAY BE POST OFFI | ICE BOX) |
| 11207 Partridge Run Da | ,. <u>.</u> . |
| | |
| Lakelijales Fl 33859 | |
| | |
| 1/9/17 | |
| 3. Date of filing/registration in Florida 4. Document number | |
| 5. (a) Shakila Outing Registered Agent and Registered Office shown on the records of the Florida Dept. of State: | |
| Registered Agent and Registered Office shown on the records of the Florida Dept. of State: | |
| 131 St. Rd 60 W | |
| Registered Office Address (MUST BE FLORIDA STREET ADDRESS) | |
| | |
| Lakewales FL 33853 | i |
| | ·- ~ |
| (b) LNEW Registered Agent and/or NEW Registered Office address: | |
| Land mand of the working and of the working and the transfer of the state of the st | 26 |
| | 国国中 |
| NEW Registered Office Address: | پن پن |
| 11207 Partridge Run Dr. | 5 6 |
| Lake Wates FL 33859 | |
| Lake Wales , FL 33859 | |
| If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed | ed that after |
| the change or changes are made, the Florida street address of the registered office and the business office o agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the | e change(s) |
| was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise the articles of organization or the operating agreement of the limited liability company. | e provided in |
| | |
| Signature of a member or authorized representative of a member Signature of a member or authorized representative of a member of signature of a member of a | æ |
| I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to a provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar v | omply with the with and accept |
| provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document to merely reflect a change in the registered office address, I hereby confirm that the limited liability compa | nt is being filed any has been |
| notified in writing of this change. | |
| Signature of Registered Agent | |