1/26/2016 3:55:56 PM From: To: 8506176383( 1/3 )



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To:	Division of Corporations Fax Number : (850)617-6383				
From: **Enter t annu	Account Name : C T CORPORATION SYST Account Number : FCA000000023 Phone : (850)205-8842 Fax Number : (850)878-5368 the email address for this business entained report mailings. Enter only one emails		IALLAH for Aktion See See See See See See See See See Se	2016 JAN 2	<b>カ</b> 面 ()
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N	LLC REGISTERED AGENT OF CORTH BROWARD PREPARATORY		PRIDO LO	կ։ 07	÷
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Corporate Filing Menu

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COVER LETTER

TO: Registration Section Division of Corporations						
NORTH BROWARD PREPARATORY SCHOOL SUBJECT:	S, LLC					
	Liability Company					
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Office Change as	nd fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to the	e following:					
Margaret Choi & Samantha Yu						
Name of Person						
Nord Anglia Education						
Firm/Company	-					
Level 12, St George's Building, 2 Ice House Street						
Address	<del></del>					
Central, Hong Kong						
City/State and Zip Code						
margaret,choi@nordanglia.com; samantha.yu@nordanglia.com						
E-mail address: (to be used for future annual report no	ification)					
For further information concerning this matter, please call:						
Margaret Choi & Samantha Yu 852	3951-1100					
Name of Person	Area Code & Daytime Telephone Number					
Registration Section F Division of Corporations C Clifton Building F	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Callahassee, Florida 32314					
Enclosed is a check for the following amount:						
□ \$25 Filing Fee □	\$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.	Na	me of the limited liability company: NORTH BROWAL	RD PREPA	ARATOR	CY SCHOOLS, LLC	; 		
2. (	(a) ,	NAT HONG CONG LIMIT TO  Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  Level 12, St. George's Building	(b) MATE HON'N KONG LIGITO  Mailing address of limited liability company  (Note: MAY BE POST OFFICE BOX)  Level 12, St. George's Building					
		2 fce House Street, Central, Hong Kong	-	2 109	House Street, Centr Kong	e,		
			- *		<u></u>			
		08/19/2011	L	11000097	7143			
3.		Date of filing/registration in Florida	4.		Document numb	er		
5.	(a)	CORPORATION SERVICE COMPANY						
	``	Registered Agent and Registered Office shown on the records of th	e Florida D	ept of Sta	ble:			
		Registered Office Address (MUST BE FLORIDA STREET AL	DDRESS)		_	I,	. 20	
		1201 HAYS STREET				F :	픐	erecit -
		TALLAHASSEE .FL 3	32301		_	AP.	<u></u>	1 ;
		C T Corporation System			<b></b>	335 237	26	e and
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:				_	المارية 1947 - المارية	霊	-₩÷	
		The same of the sa	zziec augi				9: 0	
		NEW Registered Office Address:			•	با موز سا موز		
		1200 South Pine Island Road			_			
		Plantation FL 3	3324					
the ager	chai it w /we	mited liability company is not organized under the laws age or changes are made, the Florida street address of the ill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of these of organization or the operating agreement of the li	he registe offity com the limite	red offic pany, it d liabili	se and the business is hereby confirmative company or as	s office o	f the re e chan	gistered ge(s)
		(	GRAE	ME HAL		-		
Sí	gnati	are of a member or authorized representative of a member			Printed or typed na	me of signe	e e	
I he provided the control of the con	reb visio obli vere fied	y accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete p gations of my position as registered agent as provided by reflect a change in the registered office address, I he in writing of this change populon System  Jorda:	e to act in erforman for in Ch ereby con	this cap ce of my apter 60. lirm that	pacity. I further a dutles, and I am j 5, F.S. Or, if this the limited liabili	gree to co antliar v documen ity compa	omply s vith an t is bei my has	with the d accept ng filed been
By:		Jorda:	n Brov	vn, As	sst. Secret	ary		
Sign	atur	Megistered Agent						

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