L11000112436

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
-

Office Use Only



400250220434

08/08/13--01004--013 **25.00

FILED
2013 AUG -8 PHIZ: 12
SECRETARY OF STATE
SECRETARY OF STATE

AUG - 9 2013 J. BRYAN

COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT: LEARNING ROAD ILEARNING SERVICES, 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:

Scott R. Sawa

Name of Person

Scott R. Sawa CPA PA

Firm/Company

3000 Gulf to Bay Blvd Suite 302

Address

Clearwater, FL 33759

City/State and Zip Code

scott@scottrsawacpa.com

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

For further information concerning this matter, please call:

Scott R. Sawa

..727

712-1873

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle

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

MAILING ADDRESS:

Registration Section

Tallahassee, Florida 32301

Enclosed is a check for the following amount:

■ \$25 Filing Fee

■ \$55 Filing Fee & Certified Copy

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: LEARNING ROAD ILEAR	NING SERVICES. LLC
2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	1936 BRUCE B. DOWNS STE, 317 WESLEY CHAPEL , FL 33544
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	1936 BRUCE B.DOWNS STE. 317 WESLEY CHAPEL, FL 33544
	L11000112436 Document number
5. (a) Registered Agent and Registered Office shown on the	
Registered Agent:	CORPORATION SERVICE COMPANY
Registered Office Address:	1201 HAYS STREET TALLAHASSEE, FL 32301
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u>	Registered Office address:
NEW Registered Agent:	SCOTT R. SAWA CPA
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	3000 GULF TO BAY BLVD SUITE 302 CLEARWATER ,FL 33759
If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Floand the business office of the registered agent will be identicability company, it is hereby confirmed that the change(s) the members of the limited liability company or as otherwise the operating agreement of the limited liability company. Signature of a member or authorized representative of a member SUSAN GARRETT Printed or typed name of signee I hereby accept the appointment as registered agent and age comply with the provisions of all statules relative to the province and I am familiar with and accept the obligations of my post Chapter 608, F.S. Or, if this document is being filed to mer address. I hereby confirm that the limited liability company	aws of the State of Florida, it is hereby orida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmative vote of e provided in the articles of organization or
Single of Mistered Agest	nus ocen notifica in writing of this change.

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