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COVER LETTER

Registration Section TO: **Division of Corporations** Links 2 Learning Academy 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: Katherine Henry Name of Person Links 2 Learning Academy Firm/Company 6884 Stirling Road Davie, Florida 33024 City/State and Zip Code khenry954@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Katherine Henry Name of Person STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section **Division of Corporations Division of Corporations** Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassec, Florida 32301

□ \$55 Filing Fee & Certified Copy

■ \$25 Filing Fee

Enclosed is a check for the following amount:

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.

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1. Name of the limited liability company: Links 2 Learning Acad	demy LLC			
2. (a) Principal office address of limited liability company: 6884 Stirling Road				
(Note: MUST BE STREET ADDRESS)	Davie, Florida 33024			
(b) Mailing address of limited liability company:	6700 Branch Street			
(Note: MAY BE POST OFFICE BOX)	Hollywood, Florida 33024			
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02/28/2012	L12000028080	(١٠) سننده		
3. Date of filing/registration in Florida	4. Document number	07 7		
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5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:				
Registered Agent:	Katherine Henry			
regional rigant.	······································			
Registered Office Address:	6700 Branch Street			
	Hollywood, Florida 33024			
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:				
NEW Registered Agent:	Katherine Henry	· · · · · · · · · · · · · · · · · · ·		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	6884 Stirling Road			
	Davie	,FL_33024		
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member Katherine Henry				
Printed or typed name of signee I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the p and I am familiar with and accept the obligations of my p Chapter 608, F.S. Or, if this document is being filed to m address, I hereby confirm that the limited liability compa	agree to act in this capacity. roper and complete performa position as registered agent as perely reflect a change in the r ny has been notified in writing	I further agree to nce of my auties, provided for in egistered office g of this change.		
Signature of Registered Agent				

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