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| (Re | equestor's Name) | |
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| (Ad | dress) | |
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| (Ad | ldress) | |
| (Cit | ty/State/Zip/Phone | e #) |
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| PICK-UP | ☐ WAIT | MAIL |
| | | |
| (Bu | siness Entity Nar | ne) |
| | | |
| (Do | cument Number) | |
| Certified Copies | Certificates | s of Status |
| | _ | ,′ |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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SECRETARY OF STATE

C. LEWIS

APR 2 4 2012

EXAMINER

COVER LETTER

| TO: Registration Section Division of Corporations | AND COMPANY OF THE PROPERTY OF | |
|--|--|--|
| * | | |
| SUBJECT: Beyond Learning Preschool, LLC | | |
| Name o | of Limited Liability Company | |
| Dear Sir or Madam: | | |
| The enclosed Registered Agent/Registere | ed Office Change and fee(s) are submitted for filing. | |
| Please return all correspondence concerni | ing this matter to the following: | |
| | | |
| Adalamia Milliana | | |
| Melonie Williams Name of Person | | |
| | • | |
| Willham Accounting, LL | _C | |
| Firm/Company | | |
| | and the second | |
| 3737 Maryweather Lane St | te 101 | |
| Address | | |
| Wooley Changl El 335 | | |
| Wesley Chapel, FL 335 City/State and Zip Code | - | |
| | | |
| willham@willhamaccounting E-mail address: (to be used for future annual repo | g.com | |
| E-mail address: (to be used for future annual repo | ort notification) | |
| For further information concerning this m | natter, please call: | |
| · | | |
| Melonie Williams | at (813) 345-8599 | |
| 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 | |
| 2661 Executive Center Circle Tallahassee, Florida 32301 | Tallahassee, Florida 32314 | |
| Turning Torion 32301 | | |
| Enclosed is a check for the follow | wing 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: Beyo | ond Learning Preschool, LLC | | |
| 2. (a) Principal office address of limited liability company | : 35203 State Road 54 | | |
| (Note: MUST BE STREET ADDRESS) | Zephyrhills, FL 33541 | | |
| (b) Mailing address of limited liability company: | 35203 State Road 54 | | |
| (Note: MAY BE POST OFFICE BOX) | Zephyrhills, FL 33541 | | |
| 4/04/2012 | L12000046662 | | |
| 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: | Santina Negron | | |
| Registered Office Address: | 35032 State Rd. 54 Zephyrhills, FL 33541 | | |
| (b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> : NEW Registered Office Address: | W Registered Office address Road State Road 54 | | |
| (MUST BE FLORIDA STREET ADDRESS) | 33203 State Road 54 | | |
| | Zephyrhills ,FL 33541 | | |
| 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 epresentative of a member | | | |
| Santina Negron Printed or typed name of signee | <u>-</u> | | |
| I hereby accept the appointment as registered agent and a comply with the provisions of all statules relative to the pro and I am familiar with and accept the obligations of my pos Chapter 608, F.S. Or, if this document is being filed to mer address, I hereby confirm that the limited liability company | gree to act in this capacity. I further agree to per and complete performance of my duties, sition as registered agent as provided for in ely reflect a change in the registered office has been notified in writing of this change. | | |
| Signature of Registered Agent | | | |
| | | | |

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