

L12000114226

Division of Corporations

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Florida Department of State
Division of Corporations
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC REGISTERED AGENT CHANGE
INNOVATIVE EDUCATIONAL SUPPORT & SOLUTIONS,
LLC

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SALLY
EXAMINER
FEB 28 2014

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

Pursuant to the provisions of sections 605.0114, 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: INNOVATIVE EDUCATIONAL SUPPORT & SOLUTIONS, LLC

2. (a) Principal office address of limited liability company: 80 SOUTHWEST 8TH STREET
SUITE 2000
MIAMI, FLORIDA 33130

(Note: MUST BE STREET ADDRESS)

(b) Mailing address of limited liability company: POST OFFICE BOX 14036
FORT LAUDERDALE, FLORIDA 33302

(Note: MAY BE POST OFFICE BOX)

3. Date of filing/registration in Florida 09/05/2012

4. Document number L12000114228

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: INGRID YUKEN

Registered Office Address: 1023 Northwest 3rd Avenue
Miami, Florida 33136

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent: SARA HARDEN STYLES

NEW Registered Office Address: 611 NORTHWEST 36th AVENUE
(MUST BE FLORIDA STREET ADDRESS) FORT LAUDERDALE, FL 33311

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.

Sara H. Styles
Signature of a member or authorized representative of a member

SARA HARDEN STYLES
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Sara H. Styles
Signature of Registered Agent

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

