

L13000004040

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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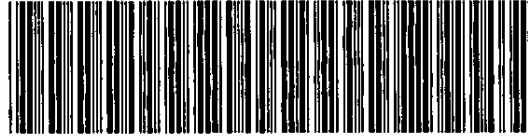
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 02 2015

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Educational Investments at Coral Villa
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:

Claudia Cardenal
Name of Person

The Learning World Academy
Firm/Company

3201 SW 67 Ave.
Address

Miami, FL 33155
City/State and Zip Code

ccardenal@thelearningworldacademy.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Claudia Cardenal at (786) 476-8816
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

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

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 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. Name of the limited liability company: Educational Investments at Coral Villa

2. (a) 3201 SW 67 Ave. (b) 3201 SW 67 Ave.

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

Miami, FL 33155

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

Miami, FL 33155

01/08/2013

L13000004040

3. Date of filing/registration in Florida

4. Document number

5. (a) Virginia Garcia

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

7990 SW 117 Ave.

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Suite 210

Miami, FL 33183

(b) Maria Cristina Marcos

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

3201 SW 67 Ave.

NEW Registered Office Address:

Miami, FL 33155

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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.

Maria Cristina Marcos
Signature of a member or authorized representative of a member

Maria Cristina Marcos

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.

Maria Cristina Marcos
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00