

L/30000 42450

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

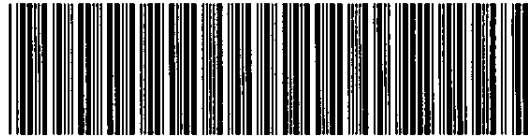
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TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 8, 2013

CLARISSA DE BEER  
2400 W. CYPRESS CREEK RD  
SUITE 122  
FORT LAUDERDALE, FL 33309

SUBJECT: ROBIN EDUCATION LLC  
Ref. Number: L13000042450

We have received your document for ROBIN EDUCATION LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Agnes Lunt  
Regulatory Specialist II

Letter Number: 013A00026089

2013 DEC 18 PM 4:15

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ROBIN EDUCATION 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:

CLARISSA DE BEER  
Name of Person

ROBIN EDUCATION LLC  
Firm/Company

2400 W CYPRESS CREEK RD # 122  
Address

FORT LAUDERDALE, FL 33309  
City/State and Zip Code

clarissa@robineducation.org  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CLARISSA DE BEER at ( 800 ) 898 6184  
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

FILED  
2013 DEC 18 PM 4:15  
TALLAHASSEE, FLORIDA

**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: ROBIN EDUCATION LLC
2. (a) Principal office address of limited liability company: 2400 W CYPRESS CREEK RD  
SUITE 122  
FORT LAUDERDALE, FL 33309  
*(Note: MUST BE STREET ADDRESS)*
- (b) Mailing address of limited liability company: \_\_\_\_\_  
*(Note: MAY BE POST OFFICE BOX)*
- 03/21/2013 L13000042450
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:

PATRICIA DE BEER

Registered Office Address:

2801 SW 3rd AVE  
FORT LAUDERDALE  
FL 33315

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

NEW Registered Agent:

CLARISSA DE BEER

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

2400 W CYPRESS CREEK RD  
SUITE 122  
FORT LAUDERDALE, FL 33309

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.

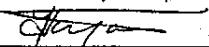


Signature of a member or authorized representative of a member

CLARISSA DE BEER

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 608, 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.*



Signature of Registered Agent

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