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JUL 19 ZOTE S. YOUNG

COVER LETTER

Division of Corporations		
SUBJECT: The Learning Cott	tage d Liability Company	
	a Diability 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:	
Ashley Cabe Name of Person		
The learning Cottage Firm/Company	TALLAHASS:	
4965 Ringwood Molws. Address		
Sarasota, FC 34235 City/State and Zip Code	2: 41	
ashley @ SarasutaleaminaCotto E-mail address: (to be used for future annual report r	ode com notification)	
For further information concerning this matter, please call	;	
Achley Cube at (91) 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:		

□ \$55 Filing Fee & Certified Copy

\$25 Filing Fee

INHS18 (2/14)

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.

1 101 1444.	
1. Name of the limited liability company: The Le	earning Cottage
2. (a) The Learning Cottage	(b) Ashley Cabe
Principal office address of limited liability company:	Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS)	(Note: MAY BE POST OFFICE BOX)
4965 Ringwood Molws	S636 Goodpastere Glen
Sarasota FL 34235	Cakewood Rarch FL 34211
De/28/2013	46-3080432
3. Date of filing/registration in Florida	4. Document number
5. (a) Legal ING corporate Services	. MC.
Registered Agent and Registered Office shown on the records	
Cegal inc corporate Sem	
Registered Office Address (MUST BE FLORIDA STREE	
5237 Summerlin Comm	
·	
Fort Myers,	FL 33907 N 52
•	F GM
(b)	
Enter name of NEW Registered Agent and/or NEW Register	red Office address:
Asnley Cabe	
NEW Registered Office Address:	
4965 Ringwood Mdws	
Sarasota	FL 34235
	laws of the State of Florida, it is hereby confirmed that after of the registered office and the business office of the registered
agent will be identical. Or, in the case of a Florida limited	I liability company, it is hereby confirmed that the change(s) is of the limited liability company or as otherwise provided in
the articles of organization or the operating agreement of t	
Le	ASMILLI Cabe
Signature of a member or authorized representative of a member	ASNILY Cabl Printed or typed name of signee
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and complethe obligations of my position as registered agent as provito merely reflect a change in the registered office address, notified in writing of this change.	agree to act in this capacity. I further agree to comply with the ele performance of my duties, and I am familiar with and accept ided for in Chapter 605, F.S. Or, if this document is being filed I hereby confirm that the limited liability company has been
Signature of Registered Agent	