

Florida Department of State
 Division of Corporations
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((H160001664103)))



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To: 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.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
 ACADEMIC CENTER FOR TESTING, LLC

Certificate of Status	0
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Page Count	04
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JUL 12 2015
 J. HARRIS

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SECRETARY OF STATE
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H16000166410 3

ACADEMIC CENTER FOR TESTING, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on MAY 29, 2014 and assigned
Florida document number 1:14000090198.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

800 SHORELINE DR

GULF BREEZE, FLORIDA 32561

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1604 WHISPER BAY BLVD

GULF BREEZE, FLORIDA 32563

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

TERRY BENSON

New Registered Office Address:

1604 WHISPER BAY BLVD

Enter Florida street address

GULF BREEZE

Florida

32563

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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.

Terry Benson
If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	SUSAN MCLEOD	12 MAR VISTA CIRCLE	<input type="checkbox"/> Add
		PENSACOLA, FL 32507	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	TERRY BENSON	1604 WHISPER BAY BLVD	<input type="checkbox"/> Add
		GULF BREEZE, FL 32536	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective date, if other than the date of filing: _____ (optional)

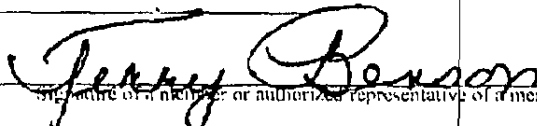
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated JULY 11

2016


Signature of a member or authorized representative of a member

TERRY BENSON

Typed or printed name of signer

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