3/13/2018

Division of Corporations

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To:

Division of Corporations

Pax Number : (850)617-6383

From:

ACCOURT Name : CORFORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053

Phone : (561)694-8107 Fax Number : (561)694-1639

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Addross:

LLC REGISTERED AGENT CHANGE ENDEAVOR PHMA OPCO, LLC

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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 of egistered agent, or both, in the State of Florida.

1 107101	FNDFAVO	R PHMA (OFCO, LLC
	me of the limited liability company: ENDEAVO 848 BRICKELL AVE STE 900	(b)	0 048 BRICKELL AVE STE 900
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	C/O ENDEAVOR SCHOOLS, LLC		C/O ENDEAVOR SCHOOLS, LLC
	MIAMI, FL 33131		ій АМІ, FL 33131
	07/08/2014		L14000108651
3.	Date of filing/registration in Florida CAMPO, RICARDO	4.	Document number
5. (a)	Registered Agent and Registered Office shown on the record 848 BRICKELL AVE STE 900		
	Registered Office Address C/O ENDEAVOR SCHOOLS, LLC	<u>. </u>	
	MIAMI	, FL 33131	1 9: 08
(b)	Corporate Creations Network Inc.	3 16 16 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Enter name of NEW Registered Agent and/or NEW Registered Office addr. is:			
	11380 Prosperity Farms Road #221E		ਹੈ
	NEW Registered Office Address:		
	Palm Beach Gardens	, FL 33410	o 💯
the chagent was/h the ar	will be identical. Or, in the case of a Florida limit were authorized by an affirmative vote of the membricles of organization or the operating agreement of	ted liability coers of the limited	he State of Florida, it is hereby confirmed that after gistered office and the business office of the registered company, it is hereby confirmed that the change(s) limited liability company or as otherwise provided in ideliability company. Robert Gomez, Attorney-in-Fact Printed or typed name of signed act in this capacity. I further agree to comply with the remance of my duties, and I am familiar with and accept in Chapter 605, F.S. Or, if this document is being filed by confirm that the limited liability company has been
· 16.0	rely reflect a change in the registered office addressed in writing of this change. Robert Gomez, Special Senture of Regulared Agent	uss, I hereby	confirm that the limited tidothly company has been
. 4. 5	Division of Corporations 1	P.O. Box 63: NG FEE: \$2	327 (Tallahassee, FL 32314 825.6)