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COVER LETTER

TO: Registration Section Division of Corporations							
SELF STUDY, LLC							
SUBJECT: Name of Limited Liability Company							
Dear Sir or Madam:							
The enclosed Registered Agent/Registered Office Cham	ige and fee(s) are submitted for filing.						
Please return all correspondence concerning this matter	to the following:						
CHRISTOPHER A. DISCHINO, ESQ.							
Name of Person							
DISCHINO & SCHAY, PLLC							
Firm/Company							
4770 BISCAYNE BLVD., SUITE 600							
Address							
MIAMI, FL 33137							
City/State and Zip Code							
ADMIN@DSMIAMLCOM							
E-mail address: (to be used for future annual repo	rt notification)						
For further information concerning this matter, please of	call:						
HEATHER LEIGH 7:	86 581-2542						
Name of Person	Area Code & Daytime Telephone Number						
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303						
Enclosed is a check for the following amount	t:						
■ \$25 Filing Fee	S55 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.

l. Na	ame of the limited liability company: SELF STUDY, L	.LC			
2. (a)			(b)		
` ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limite	
	1106 SECOND STREET, SUITE 635		1106 SEC	OND STREET, SUITI	E 635
	ENCINITAS, CA 92024		ENCINITA	AS. CA 92024	
	11/14/2014		L140001770	066	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)					
<i>.</i> (u)	Registered Agent and Registered Office shown on the records of DISCHINO & SCHAMY, PLLC	the Flor	ida Dept. of Stat	e:	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			_	
	2511 S. DIXIE HWY, SUITE C				
	WEST PALM BEACH FI	33401		-	78.7
	, I*I	L		- :	2
(b)					
(-,	Enter name of NEW Registered Agent and/or NEW Registered	d Office	address:	_	\sigma_2^2
					Ţ.
	NEW Registered Office Address:			-·	:
	4770 BISCAYNE BLVD., SUITE 600				
	THE BEALTHER BEALTH WAS			_	
	MIAMI	L <u>33137</u>		_	
change agent v was/we the arti	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lighter authorized by an affirmative vote of the members of cless of organization or the operating agreement of the law of a member of authorized representative of a member by accept the appointment as registered agent and agriculture of all statutes relative to the proper and complete	e registe ability of the 1 limited	ered office an company, it is imited liability con the liability control liability c	the business offices shereby confirmed to y company or as oth npany. Printed or typed name	cof the registered hat the change(s) erwise provided in Chino of signee
to mero notified	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address. I did no writing of this change.	hereby	confirm that	the limited liability of	company has been