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COVER LETTER

Division of Corporations
SUBJECT: CONEGE FIRST, LLC Name of Limited Liability Company
/ 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:
Judith HERNandEZ Name of Person
College First LLC Firm/Company
• • //
151N NOB Hill Rd StE 193
Plantation, FL 33324 City/State and Zip Code
Judithacollege Grest, TUFO E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Audoth Hernandez at 786, 231-8834
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

■ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

№ \$25 Filing Fee

Enclosed is a check for the following amount:

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. Na	ume of the limited liability company:	EFIL	est, a	LLC		
2 (-)	151N Noh Hill Pd flowlation	CL 33.	324			
ste l	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		N	Aailing address of lim (Note: MAY BE PC	•	
	1/31/2017		L15	0000285	:15	
3.	Date of filing/registration in Florida	4.		Document number	er .	
5. (a)	CORPORATE CREATIONS					
,	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of State	:		
	11380 PROSPERITY Rd					
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)				
	Palm BEACH GARDENS.				3	
	. FI	33	410		17 FEB -7 PH 4	
	7 101	- 	(10000000000000000000000000000000000000	11
(b)	Judith HERNANDEZ	·			1	•
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office add	ress:		무	English F
	151N Nob Hill Rd.				PH 4: 01	O
	NEW Registered Office Address:				un Cr	
	Sufte 193					
	Plantation , FI	3.7	3324	1		
the cha agent v was we the arti	imited liability company is not organized under the launge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited libere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	f the regis ability con of the limi limited li	tered office mpany, it is ted liability	and the business hereby confirmed company or as of pany.	office of the r d that the char therwise prov	registered nge(s)
- 1	ture of a member or authorized representative of a member		*	Printed or typed nam	-	المالية المالية
provisi the obl to mere	by accept the appointment as registered agent and age ons of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address, I d in writing of this change.	ree to act performand for in C hereby co	in this cape ince of my d hapter 605 nfirm that i	icity. I further ag luties, and I am fa , F.S. Or, if this a the limited liabilit	ree to comply miliar with a locument is be y company ha	with the nd accept eing filed is been
Signatu	the of Registered Agent					
	Division of Corporations P.O.	Box 6327	• Tallahas	see, FL 32314		

FILING FEE: \$25.00