15000 101662

(Requestor's Name)							
<u></u>							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							
Special instructions to mining Officer.							

Office Use Only



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COVER LETTER

TO: Registration Section

INHS18 (2/14)

Divi	sion of Corporations						
SUBJECT:	Gulfstream Education Group LLC						
	Name of Limited Liability Company						
Dear Sir or N	Aadam:						
The enclosed	d Registered Agent/Registered Offic	e Change and f	ee(s) are submitted for filing.				
Please return	all correspondence concerning this	matter to the fo	ollowing:				
Hamilton (DeSaussure, Jr.						
	Name of Person		-				
Day Kette	rer Ltd.						
	Firm/Company		_				
581 Bosto	n Mills Rd Suite 400						
	Address		_				
Hudson, C	DH 44236						
	City/State and Zip Code		_				
hdesaussi	ure@dayketterer.com						
E-mail	address: (to be used for future annu	al report notific	ation)				
For further is	nformation concerning this matter, p	olease call:					
Hamilton [DeSaussure, Jr.	330	455-0173				
	Name of Person		Area Code & Daytime Telephone Number				
Regi Divi Clift 2661	stration Section sion of Corporations on Building Executive Center Circle ahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314					
Enclosed is a check for the following amount:							
₩ \$	25 Filing Fee	☐ \$55 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.

1. N	ame of the limited liability company: Gulfstream	Education	n Group L	LC	
2. (a)		(h)		
` , ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		N	Mailing address of limited lis	ability company: FFICE BOX)
	2637 E ATLANTIC BLVD., Suite 33515	_	2637 E /	ATLANTIC BLVD.,	Suite 33515
	POMPANO BEACH, FL 33062		POMPAI	NO BEACH, FL 330	062
	06/10/2015		L1500010)1662	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	Kevin Rose				
(-)	Registered Agent and Registered Office shown on the records			::	
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS)	<u>-</u>		
	2637 E ATLANTIC BLVD., Suite 33515				
	POMPANO BEACH ,	_{FL} 33062			હ
(b)	CT Corporation System			. •	
Enter name of NEW Registered Agent and/or NEW Registered Office address:					20
					PK
	NEW Registered Office Address:				
	1200 South Pine Island Road			·4- '	26
	Plantation , F	33324			
signal I heret provisi the oblito mere notified	imited liability company is not organized under the large or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited the authorized by an affirmative vote of the members cles of organization or the operating agreement of the function of a member of all statutes relative to the proper and complete in the proper and complete in the registered agent as providing of this change. If in priving of this change. Assistant Secretary	of the regist liability constant of the limited limite	tered office mpany, it is ted liability ability comp	and the business office hereby confirmed that company or as otherw pany. Printed or typed name of sign	of the registered the change(s) ise provided in