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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Roma Court academy, LCC 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:		
Robert Anderson Name of Person		
Anderson business Services, Inc		
332 W. Bearss Are		
TAMPA FZ 33613 City/State and Zip Code		
Canders un Cabs accounting com E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Rubert Anderson at (813) 910 0100 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		
Enclosed is a check for the following amount:		
\$25 Filing Fee \$\Pi\$ \$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

Florida.	-
1. Name of the limited liability company: Roma Cour	+ Academy, LLC
2. (a) (b)	•
Principal office address of limited liability company:	Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS)	(Note: MAY BE POST OFFICE BOX)
1515 Palm Coast Parkway	
Ste 27, Palm Coast, FL 3	2137
$\alpha \alpha \alpha \alpha C$	1 150000000
3. Date of filing/registration in Florida 4.	L 15000114 (065)
5. (a) Jevvy Miller	
Registered Agent and Registered Office shown on the records of the Florida I	Dept. of State:
Jenn-Miller	
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
701 gyth Ave W. St. 120	Franklin Bldg.
St Petersburg, FL 33	702
01 TC1CT 57500 g ,12 3 3	
(b) Kobert Anderson,	8
Enter name of NEW Registered Agent and/or NEW Registered Office addr	
230 III house and	
NEW Registered Office Address:	
	3 10 -
TAMPA & FL 3	3613
If the limited liability company is not organized under the laws of the S	state of Florida, it is hereby confirmed that after
the change or changes are made, the Florida street address of the regist agent will be identical. Or, in the case of a Florida limited liability con	ered office and the business office of the registered
was/were authorized by an affirmative vote of the members of the limit	ed liability company or as otherwise provided in
the articles of organization or the operating agreement of the limited lia	4 /
Signature of a member or authorized representative of a member	National Learning, Acade Printed or typed name of signee
I hereby accept the appointment as registered agent and agree to act i	
provisions of all statutes relative to the proper and complete performathe obligations of my position as registered agent as provided for in Claumerely reflect a change in the registered office address, I hereby connotified in writing of this change.	nce of my duties, and I am familiar with and accept hapter 605. F.S. Or, if this document is being filed afirm that the limited liability company has been

Division of Corporations ● P.O. Box 6327 ● Tallahassee, FL 32314 FILING FEE: \$25.00