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Help D. SCOTT 岩口瓜類

STATEMENT OF CHANGE OF REGISTERED OFFICE OF 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 \\\	ne of the limited liability company:	E II OP	200, LLC
	C/O ENDEAVOR SCHOOLS, LLC	(b)	
2. (a) _	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 848 BRICKELL AVE STE 900	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 848 BRICKELL AVE STE 900
	MIAMI, FL 33131	_	MIAMI, FL 33131
	09/10/2015		L15000152208
3.	Date of filing/registration in Florida CAMPO, RICARDO	4.	Document number
5. (a)	Registered Agent and Registered Office shown on the records of C/O ENDEAVOR SCHOOLS, LLC		
	Registered Office Address (MUST BE FLORIDA STREET 848 BRICKELL AVE STE 900		eridi.
	MIAMI, FI	33131	
(b)	Corporate Creations Network Inc.		
	Enter name of NEW Registered Agent and/or NEW Registered 11380 Prosperity Farms Road #221E	Office ad	address:
	NEW Registered Office Address:		100 mm
		L 33410	
agent	imited liability company is not organized under the lange or changes are made, the Florida street address owill be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members likes of organization or the operating agreement of the	iability of of the line limited	company, it is hereby confirmed that the change(s) limited liability company or as otherwise provided in diability company.
1	Column	Ro	Robert Gomez, Attorney-in-Fact
I here provis the ob to men u6) ifie	sture of a member or authorized representative of a member of a member of authorized representative of a member of all statutes relative to the proper and complete listations of my position as registered agent as provided in whiting of this change. A potent Gomez, Special Secretaries of Registered Agent.	led for in i herzby	Printed or typed name of signee act in this capacity. I further agree to comply with the rmance of my duties, and I am familiar with and accep in Grapter 195, F.S. Or, if this document is being filed by co. 3-m 1: 2t the limited liability company has been
Crigation	Division of Corporations • P.O.	. Box 637	327 Tallahassee, FL 32314