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K. SALY AUG 23 2017

COVER LETTER

SUBJECT: Mystical Human Name of Limite	d 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:		
Marcon Ericlescon Name of Person			
Mysticushuman yega Sc Firm/Company	houl		
15258 83R2 Way W			
Palm Bener Gandens FC 33418 City/State and Zip Code			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
<u>Chan Earthson</u> at (50) 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:			

☐ \$55 Filing Fee & Certified Copy

\$25 Filing Fee

Registration Section

Division of Corporations

TO:

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: Mystical	Human School LLC
2. (a) ₁ (b)	\
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
13961 US Highway One	15258 8312 Way N
Juno Beach, FLorida 33408	PalmBeachGardensFL33418
$\frac{12/04/2015}{\text{Date of filing/registration in Florida}}$	L15000202664
3. Date of filing/registration in Florida 4.	Document number
5. (a) Aaron C Erickson	
Registered Agent and Registered Office shown on the records of the Florida I	Dept. of State:
15258 83R2 Way N	
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
	: 2
PalmBeach Gurdens FL 334	2017 AUG 21 AT CARRASS
- Furmiseach Gulcens FL 33	
(b) Kyoung-im Kang	TAUG 21 AND
(b) KYOUNG - IM KANG Enter name of NEW Registered Agent and/or NEW Registered Office addr	
	A 10: 52
15258 83RL Way N NEW Registered Office Address:	
NEW Registered Office Address:	5. S.
Palm Beach Guadens, FL 334	18
If the limited liability company is not organized under the laws of the S the change or changes are made, the Florida street address of the registragent will be identical. Or, in the case of a Florida limited liability con was/were authorized by an affirmative vote of the members of the limit	ered office and the business office of the registered npany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided in
the articles of organization of the operating agreement of the limited lia	(C_{ij})
Signature of a member or authorized representative of a member	Printed or typed name of signee
I hereby accept the appointment as registered agent and agree to act i	n this capacity. I further agree to comply with the
provisions of all statutes relative to the proper and complete performa the obligations of my position as registered agent as provided for in CI to merely reflect a change in the registered office address, I hereby cor notified in writing of this change	nce of my duties, and I am familiar with and accept hapter 603, 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