3/13/2018



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STATEMENT OF CHANGE OF REGISTERED OFFICE CERREMISTERED 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 Mas	ne of the limited liability company:	IM I, LLC		
	C/O ENDEAVOR SCHOOLS, LLC	(b) C/O ENDEAVOR SCHOOLS, LLC		
2. (a) _	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing at Oxote:	ddress of limited liability company: MAY BE POST OFFICE BOX	
	848 BRICKELL AVE STE 900	848 BRICKELI	LAVE STE 900	
	MIAMI, FL 33131	MIAMI, FL 331	31	
	03/08/2016	L16000046876	·	
3. 5. (a)	Date of filing/registration in Florida CAMPO, RICARDO	4. Docum	nent number	
J. (A)	Registered Agent and Registered Office shown on the records C/O ENDEAVOR SCHOOLS, LLC			
		121 Q1 	2011 - 13 - 13 - 13 - 13 - 13 - 13 - 13 -	
	MIAMI	FL 33131		
(b)	Corporate Creations Network Inc.	" :		
` ,	Enter name of NEW Registered Agent and/or NEW Register	red Office address:	. 69	
	11380 Prosperity Farms Road #221E		- S	
	NEW Registered Office Address:	, Tena		
	Palm Beach Gardens	FL 33410		
the cha	imited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the membe if less of organization of the operating agreement of	for the legistered office and the liability company, it is herebers of the limited liability company, the limited liability company.	by confirmed that the change(s) comy or as otherwise provided in	
1	Caled To	Robert Gomez, At		
I here provis the obto men notification	nure of a member or authorized representative of a member thy accept the appointment as registered agent and ions of all statutes relative to the proper and complications of my position as registered agent as provely reflect a change in the registered office address of inviting of this change. Robert Gomez, Special Secretical Agent	agree to act in this capacity, lete performa se of my duties, ilded for in Compter 195, F.S. 1, I nevely capitan that the lin	d or typed name of signer I further agree to comply with the and I am familiar with and accept Or, if this document is being filed nited liability company has been	

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