L16000 111987

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

Office Use Only



600287344776

07/07/16--01012--002 **25.00

FILED

ZHI SE -1 A & 45

LOREIARY OF STATE

S Warren JUL 0 8 2016

COVER LETTER

Registration Section Division of Corporations							
Centro Del Aprendizaje Para E	Centro Del Aprendizaje Para El Dessarrollo Sostenible, LLC						
Name of Limited Liability Company							
Dear Sir or Madam:							
The enclosed Registered Agent/Registered Office Change and fce(s) are submitted for filing.							
Please return all correspondence concerning this matter to the following:							
Francis M. Boyer							
Name of Person							
Boyer Law Firm, P.L.							
Firm/Company							
9471 Baymeadows Road, Suite 406							
Address							
Jacksonville, FL 32256							
City/State and Zip Code							
office@boyerlawfirm.com							
E-mail address: (to be used for future annua	l report notification)						
For further information concerning this matter, pl	lease call:						
Michelove Jules	904 236-5317						
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	□ \$55 Filing Fee & Certified Copy						

INHS18 (2/14)

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.	Na	me of the limited liability company: _	Centro Del Apr	endiz	zaje Pai	ıra El Dessarrollo Sostenible, LLC
2. ((a)			(b)	
	()	Principal office address of limited liab		- \		Mailing address of limited liability company:
		(Note: MUST BE STREET AD 9012 NW 114th Ter	DRESS)		0042	(<u>Note: MAY BE POST OFFICE BOX</u>)
		901211111111111111111111111111111111111		-	9012	NW 114th Ter
		Hialeah Gardens, FL 33018		-	Hiale	eah Gardens, FL 33018
		June 09, 2016			L1600	00111987
3.		Date of filing/registration in	Florida	4.		Document number
5.	(a)	Guillermo Del Rio Saenz				
٥.	(α)	Registered Agent and Registered Office shows	on the records of the	e Florid	la Dept. of	f State:
		Registered Office Address (MUST BE FL	ORIDA STREET AL	DRES	<u>S)</u>	· · · · · · · · · · · · · · · · · · ·
		9012 NW 114th Ter				En Co.
		Hialeah Gardens	, FL_3	3018	ļ.	ARETA -
1	(b)	Francis M. Boyer				₩ d m
	(0)	Enter name of NEW Registered Agent and/or	NEW Registered O	ffice a	ddress:	— FEON
						Q: 45
		NEW Registered Office Address:				
		9471 Baymeadows Road, Suite	e 406			<u></u> ·
		Jacksonville	, FL	2256	;	
the age was	cha nt w s/we	nge or changes are made, the Florida s vill be identical. Or, in the case of a Fl	treet address of the lorida limited liab f the members of	ne reg oility c the lir	istered of ompany, nited liab liability	of Florida, it is hereby confirmed that after office and the business office of the registered v, it is hereby confirmed that the change(s) ability company or as otherwise provided in v company. UILLERMO DEL RIO SAENZ
S	ignat	ure of a member or authorized representative o	f a member			Printed or typed name of signee
I h pro the to n	erel visi obli nere	by accept the appointment as registere	d agent and agree	e to ac erforn for in ereby c	et in this nance of Chapter confirm t	capacity. I further agree to comply with the fmy duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed that the limited liability company has been
Sig	natui	re of Registered Agent Division of Corpo	rations• P.O. Bo	x 632	7● Talla	ahassee, FL 32314

FILING FEE: \$25.00