## Florida Department of State Division of Carporations Electronic Hilling Cover Sheet

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803 Phone Fax Number : (855)330-1010

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## LLC REGISTERED AGENT CHANGE STUDY ABROAD ASSOCIATION, LLC

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## 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. N	ame of the limited liability company: Study A	Abroad A	ssociation, LLC
2. (a)		(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)
	02/24/2017		17000045525
3.	Date of filing/registration in Florida		Document number
	ALVEA CHRISTIAND	••	
5. (a)	Registered Agent and Registered Office shown on the record	Is of the Florida Dep	pi. of State;
	Registered Office Address (MUST BE FLORIDA STRE	ET ADDRESS)	
	COCONUT GROVE	<sub>. FL</sub> 33133	
(b)	Registered Agents Inc.		
	Enter name of NEW Registered Agent and/or NEW Regist	ered Office addres	<u>ss</u> :
	7901 4th St N		
	NEW Registered Office Address:	1-18-11-11-11-11-11-11-11-11-11-11-11-11	
	STE 300		MARKET STATE OF THE STATE OF TH
	St. Petersburg	. FL 33702	
the cha agent : was/w	limited liability company is not organized under the ange or changes are made, the Florida street addres will be identical. Or, in the case of a Florida limite ere authorized by an affirmative vote of the membelicles of organization or the operating agreement of	ss of the register ad liability comp ers of the limited	ed office and the business office of the registered bany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in
	Riluy Park.	Riley	
•	ature of a member or authorized representative of a member	Lauree to act in	Printed or typed name of signee  this capacity. I further upres to comply with the
provis the ob to mer	by accept the appointment as registered agent and ions of all statutes relative to the proper and comp ligations of my position as registered agent as provely reflect a change in the registered office addresed in writing of this change.	vided performanc vided for in Cha	re of my duties, and I am familiar with and accep inter 605, F.SOr, if this document is being filed
u T	Bill Havre - Assis	stant Secretar	Ϋ́

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

Signature of Registered Agent

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