L17000075555

(Re	questor's Name)			
(Ad-	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
(Bu	siness Entity Nar	ne)		
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only

000315582650

07/10/16--01017--012 **25.00

TALLAHASSETTELORIOA

FILED

1572018

COVER LETTER .

TO: Registration Section Division of Corporations	·	
SUBJECT: THE VILLAGES EARLY LE	EARNING COMPANY, LLC	
	ne of Limited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Off	fice Change and fee(s) are submitted for filing.	
Please return all correspondence concerning th	is matter to the following:	
Erick D. Langenbrunner, Esq.		
Name of Person		
Holding Company of The Villages, Inc.		
Firm/Company		
3619 Kiessel Road		
Address		
The Villages, Florida 32163		
City/State and Zip Code		
legalnotices@thevillages.com		
E-mail address: (to be used for future and	nual report notification)	
For further information concerning this matter,	, please call:	
Christi Jacquay	at (352) 753-6612	
Name of Person	Area Code & Daytime Telephone Num	
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	g amount:	
☑ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy	
INHS18 (2/14)		

V

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. No	ume of the limited liability company: THE VILLA	AGES EARLY	LEARNING COMPANY, LLC		
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) The Villages, Florida 32163		(b) 3619 Kiessel Road Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) The Villages, Florida 32163 L17000075555		
	04/04/2017	L1			
3. 5. (a)	Date of filing/registration in Florida Erick D. Langenbrunner, Esq.	4.	Document number		
	Registered Agent and Registered Office shown on the record 1020 Lake Sumter Landing Registered Office Address AUST BE FLORIDA STRE		n. or state:		
(b)	The Villages	, FL 32162	FALL AHASS	2618 JUL	
	Enter name of NEW Registered Agent and/or NEW Registered Agent and/or NEW Registered Agent and/or NEW Registered Agent and/or NEW Registered Office Address:	ered Office addres	SEEL LORID	JUL 10 MID. 3	
	The Villages			:	
the cha agent v was/we	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 limite ere authorized by an affirmative vote of the membericles of organization or the operating agreement of	e laws of the Sta is of the register ed liability comp ers of the limited	ed office and the business office of the bany, it is hereby confirmed that the cha I liability company or as otherwise pro	registered ange(s)	
Signa	ture of a member or authorized representative of a member	Erick [D. Langenbrunner, Esq. Printed or typed name of signee		

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent Erick D. Langenbrunner, Esq.