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TO: Registration Section

Divi	sion of Corporations				
SUBJECT:	Stepping Stones Early Learning Center, LLC				
Name of Limited Liability Company					
Dear Sir or i	Madam:				
The enclosed	d Registered Agent/Registered Offi	ce Change and	I fee(s) are submitted for filing.		
Please returi	all correspondence concerning thi	s matter to the	following:		
Fanecise	E Eioffo				
			<u> </u>		
	Name of Person				
Stepping 9	Stones Early Learning Center	. LLC			
	Firm/Company		_		
P.O Box 2	277543				
	Address				
Miramar, I	FL 33027				
···	City/State and Zip Code		_		
Fancy.Fie	ffe@gmail.com				
E-mail	address: (to be used for future annu	ial report noti	fication)		
For further is	nformation concerning this matter.	please call:			
Fanecise I	Fieffe	954 _ at (655-8014		
	Name of Person	_ ar (Area Code & Daytime Telephone Number		
Regi Divi Clift 266	REET/COURIER ADDRESS: istration Section sion of Corporations ton Building I Executive Center Circle ahassee. Florida 32301	Re Di P.	AILING ADDRESS: egistration Section ivision of Corporations O. Box 6327 allahassee, Florida 32314		
Enc	losed is a check for the following	amount:			
	25 Filing Fee	□ \$	55 Filing Fee & Certified Copy		
.: INHS18 (2/14	4)				

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.

3. 5. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 16234 SW 36 Drive Miramar FL 33027 July 19, 2017 Date of filing/registration in Florida Registered Agent and Registered Office shown on the records of Fancy F. Fieffe Registered Office Address (MUST BE FLORIDA STREET.)	4.	P.O Box Miramar W170000	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) (277543 r FL 33027 059538
3. 5. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 16234 SW 36 Drive Miramar FL 33027 July 19, 2017 Date of filling/registration in Florida Registered Agent and Registered Office shown on the records of Fancy F. Fieffe	4.	P.O Box Miramar W170000	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) (277543 r FL 33027 Document number
3. 5. (a) _	Miramar FL 33027 July 19, 2017 Date of filing/registration in Florida Registered Agent and Registered Office shown on the records of Fancy F. Fieffe	4. The Florida	Miramar W170000	7 FL 33027 059538 17000154 665 Document number
3. 5. (a) _	July 19, 2017 Date of filing/registration in Florida Registered Agent and Registered Office shown on the records of Fancy F. Fieffe	4. The Florida	√170000	959538 6 17660154665 Document number
3. 5. (a) _	Date of filing/registration in Florida Registered Agent and Registered Office shown on the records of Fancy F. Fieffe	4. The Florida		Document number
5. (a) <u> </u>	Registered Agent and Registered Office shown on the records of Fancy F. Fieffe	the Florida	Dept. of State	_
Ī	Registered Agent and Registered Office shown on the records of Fancy F. Fieffe	the Florida	Dept. of State	
Ī	Registered Agent and Registered Office shown on the records of Fancy F. Fieffe	the Florida	Dept. of State	e:
	<u> </u>			
•	Registered Office Address (MUST BE FLORIDA STREET).			
		<u>(DDRESS)</u>		_
	16234 SW 36 Drive			
,	Miramar	33027		_
,	, FI	,		. 5.9
(b)				- al Joseph - area - aread
	Enter name of NEW Registered Agent and/or NEW Registered	Office add	ress:	
				20
	Fanecise F. Fieffe			· · · · · · · · · · · · · · · · · · ·
	NEW Registered Office Address:			
	16234 SW 36 Drive			
	Miramar	33027		war.
,	, FI_			-
the chan agent wi was/wer the artic	mited liability company is not organized under the large or changes are made, the Florida street address of ill be identical. Or, in the case of a Florida limited life authorized by an affirmative vote of the members of les of organization or the operating agreement of the	f the regist ability con of the limi limited li	ered office npany, it is ted liability	e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in appany.
	re of a member or authorized representative of a member	Fall	CUSE F. 1	Printed or typed name of signee
I hereby provisio the oblig to merel	w accept the appointment as registered agent and aground of all statutes relative to the proper and complete gations of my position as registered agent as provide by reflect a change in the registered office address, I in writing of this change.	ree to act performa d for in C hereby co	in this cap nce of my hapter 603 nfirm that	pacity. I further agree to comply with the