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(Danuartada Nama)	
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
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(Document Number)	
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TEE 270 2018

S. PRATHER



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 18, 2018

FUTURE LEADERS DEVELOPMENT CENTER LLC 7830 GEORGIA JACK DR N JACKSONVILLE, FL 32244

SUBJECT: FUTURE LEADERS DEVELOPMENT CENTER LLC

Ref. Number: L17000208018

In a recent audit of our records, we have determined that the above named entity has designated itself as Registered Agent.

The purpose of this letter is to advise you a business entity may not serve as its own Registered Agent. We are asking you to designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please complete the enclosed Statement of Registered Office or Registered Agent form for filing at no charge. Return the completed form to my personal and confidential attention. The address is listed below.

This letter is to be considered your 60 day notice that your entity will be subject to administrative dissolution or revocation if this error is not corrected by March 19, 2018.

If you have any questions concerning the filing of your document, please call (850) 245-6900.

Stacy Prather Regulatory Specialist III

Letter Number: 418A00001088

COVER LETTER

TO:	Registration Secu Division of Corp					
SUBJE	ECT:	Future	Leaders Name of Limited L	bevelopment iability Company	Center	<u>L</u> L(
Dear S	ir or Madam:					
The en	closed Registered	Agent/Registered	Office Change and	fee(s) are submitted for fil	ling.	
Please	return all correspo	ondence concernin	g this matter to the	following:		
	<u>La</u>	Taya To Name of Person	emas			
لجبه	me Feogr	Firm/Company	apment C	eater LC		
<u> 183</u> 0	Seorg:	Address	<i>D</i> 1 <i>N</i>			
Zac	<u>Ssowille</u> City	/State and Zip Coo	1344 de			
<u> </u>	mail address: (to	be used for future	annual report noti	fication)		
For fur	ther information o	concerning this ma	tter, please call:			
La	Toyo	Thomas Person	at (Q _0	Area Code & Daytime T		— nber
	STREET/COUR Registration Sec Division of Corp Clifton Building 2661 Executive of Tallahassee, Flori	orations Center Circle	Re Di P.	AILING ADDRESS: egistration Section evision of Corporations O. Box 6327 allahassee, Florida 32314		
	Enclosed is a ch	eck for the follow	ving amount:			
	□ \$25 Filing Fe	e	□ \$	55 Filing Fee & Certified C	Сору	

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	ame of the limited liability company: Future	Leader's	Development	Cent	or LLC
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b) <u>~782</u>	Mailing address of limite	d liability co	ompany:
		Jocksonville, Fl 32244	_ Sock	smuille, FI	<u> 3</u> 20	9 44
3.		No - 69 - 2017 Date of filing/registration in Florida		LI 7000208	018	
5.	(a)	Registered Agent and Registered Office shown on the records of t	he Florida Dept. of S	tate:		•
		7836 Grorgia Sack de Registered Office Address Offi	N	_		
		Jackson. 11e, FL		AL AMAS	18 FEB 13	<u> </u>
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>			3 PH 4:2	
		NEW Registered Office Address:			常 2	
		, FL	<u>.</u>	_		
the age	cha nt v	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	vs of the State of the registered off sbility company, if the limited liabi	ice and the business of t is hereby confirmed t lity company or as other	ffice of the that the ch	e registered ange(s)
Si	gna	ature of a member or authorized representative of a member		Printed or typed name	of signee	
the to n	visi obl ner ified	by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address, I had in writing of this change.	ee to act in this c performance of n I for in Chapter (hereby confirm th	apacity. I further agre ny duties, and I am fam 305, F.S. Or, if this do at the limited liability (e to comp viliar with cument is company	oly with the and accept being filed has been