

L180000031849

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

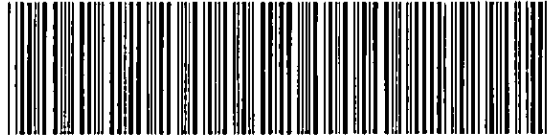
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115 N CALHOUN ST., STE. 4  
TALLAHASSEE, FL 32301  
P: 866.625.0838  
F: 866.625.0839  
COGENCYGLOBAL.COM

Account#: 120000000088

Date: 01/15/2020

Name: Marcel Ogbonna-Amu

Reference #: 1175549

Entity Name: BROWARD EDUCATION GROUP, LLC

☐ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☒ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other \_\_\_\_\_

Authorized Amount: \$25.00

Signature: M. O. O.



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 16, 2020

COGENCY GLOBAL

SUBJECT: BROWARD EDUCATION GROUP, LLC  
Ref. Number: L18000031849

We have received your document for BROWARD EDUCATION GROUP, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Yasemin Y Sulker  
Regulatory Specialist III

Letter Number: 520A00001203

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BROWARD EDUCATION GROUP, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Meng Yang  
Name of Person

Broward Education Group, LLC  
Firm/Company

811 E. Las Olas Blvd. Suite 4  
Address

Fort Lauderdale, FL 33301  
City/State and Zip Code

mengyang107@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Meng Yang at ( 408 ) 761 8073  
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

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. Name of the limited liability company: Broward Education Group, LLC
2. (a) 811 E. Las Olas Blvd. Suite 4 Fort Lauderdale, FL 33301 (b) 811 E. Las Olas Blvd Suite 4  
Principal office address of limited liability company: Fort Lauderdale  
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX) FL 33301

3. February 6, 2018 Date of filing/registration in Florida 4. L18000031849 Document number

5. (a) NRAI Services, Inc  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
1200 South Pine Island Road  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Plantation, FL 33324

- (b) COGENCY GLOBAL INC.  
Enter name of NEW Registered Agent and/or NEW Registered Office address:  
115 North Calhoun Street, Suite 4  
NEW Registered Office Address:  
Tallahassee, FL 32301

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after  
the change or changes are made, the Florida street address of the registered office and the business office of the registered  
agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s)  
was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in  
the articles of organization or the operating agreement of the limited liability company.

MENG YANG  
Signature of a member or authorized representative of a member

MENG YANG  
Printed or typed name of signer

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]  
Signature of Registered Agent

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

2020 JAN 16 AM 8:59

FILED