## 118000217371

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiless Effity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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## COVER LETTER

TO: Registration Section Division of Corporations							
<b>'</b>							
SUBJECT: _Spanish	Legacy	Preschool	4				
<b>\</b> 12	Name of Limited L	iability 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:							
Christopher & Name of Person	Johnsen						
Spanish Legacy Preschool WC Firm/Company							
2822 Proctor M Address	<u>Q</u>	_					
Savaçota El City/State and Zip	34231 Code						
E-mail address: (to be used for future annual report mailication)							
For further information concerning this matter, please call:							
Chis Shusen	GU	, 234-7076					
Name of Person	at ( <u>-141</u>	Area Code & Daytime Telep					
STREET/COURIER ADDRI	FCC. M	AILING ADDRESS:					
Registration Section		gistration Section					
Division of Corporations		vision of Corporations					
Clifton Building		O. Box 6327					
2661 Executive Center Circle Tallahassee, Florida 32301	Та	Hahassee, Florida 32314					
Enclosed is a check for the following amount:							
\$25 Filing Fee	<b>□</b> \$	55 Filing Fee & Certified Copy	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. Na	me of the limited liability company: Souish	Le	مصدم	Presdo	ol LLC
2. (a)	2822 Prodor Rd	(b)		•	4754
-, (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (0)	Ma	niling address of limited (Note: MAY BE POST	I liability company:
	Samola El 34231		Scar	ascila El	34776
	9/13/2018	_	<u>\_\&amp;</u>	0000217	371
3.	Date of filing/registration in Florida	4.	D	Document number	
5. (a)	Spiegel & Otrera P				
	Registered Agent and Registered Office shown on the records of the		Dept. of State:		
	Registered Office Address (MUST BE FLORIDA STREET AL				
	The state of the s	, , , , , , , , , , , , , , , , , , ,			
	10				
	Miani Fl.	22	145		
(b)	Mod of respective of	سرچ ہو،	<u>_</u>		
(1.7)	Enter name of NEW Registered Agent and/or NEW Registered O				نسن
	Z&ZZ Reoctor Rd  NEW Registered Office Address:				
	Registered villee Address.				
	Service FI	24	125		
16.4					
the cha	mited liability company is not organized under the laws nge or changes are made, the Florida street address of the	he registe	ered office a	and the business of	fice of the registered
was/we	vill be identical. Or, in the case of a Florida limited liab are authorized by an affirmative vote of the members of	the limit	ed liability of	company or as other	
the arti	cles of organization or the operating agreement of the li	mited lia	bility comp	any.	1
Signal	ure of a member or authorized representative of a member		usiste	rinted or typed name o	signee Styles
1 herel	by account the appropriationant as realistated season and acres	r to act ii	n this conses	in I finihar aina	e to comply with the
provision the obli	ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address. I he is in versing of this change.	erformai for in Cl	ice of my du iapter 605, i	ities, and Lam fami F.S. Or, if this doc	tiar with and accept ument is being filed
notifica	Tin writing of this change.	reny con	yırmına: in	е итива напину с	отрапу наѕ вееп
Simpatro	e of Registered Agent				

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