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COVER LETTER

Division of Corporations					
SUBJECT: Gifted Minds Early Learning Center, 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:					
Antoinette Paulk Name of Person Gifted Minds Early Learning Center Firm/Company					
3728 Kitty Hawk Avenue					
Orlando, FL 32808 City/State and Zip Code					
Antoinette Paul La giffed minds elc. com E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
AntoineHe Paulk at (407) 484 - 1158 Name of Person Area Code & Daytime Telephone Number					
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clother 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					

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	ime of the limited liability company: Gifled M	inds Early L	earning Center
	3728 Kitty Hawk Avenue Principal office address of limited liability company:	(b) <u>3728</u>	Kity Hawk Avenue ling address of limited liability company:
	(Note: MUST BE STREET ADDRESS)	^ .	Note: MAY BE POST OFFICE BOX
	VI WWW IFL		ido iFL
	32808	3260	96
	12/12/2018	LI8	000285249
3.	Date of filing/registration in Florida	4. De	ocument number
5. (a)			
	Registered Agent and Registered Office shown on the records of the	ne Florida Dept. of State:	
	3753 Kitty Hawk Avenue	D D D D D D D D D D D D D D D D D D D	
	Registered Office Address (MUST BE FLORIDA STREET A)	<u>DDRESS)</u>	7A10
		000	普番丁
	<u>Orlando</u> , FL	32808	LF ASSI
(b)	Antoinette E. Paulk		FILED MASSEELF
(0)	Enter name of NEW Registered Agent and/or NEW Registered C	Office address:	D PN '4: 50 E. FLORIDA
			10A
	NEW Registered Office Address:	· · · · · · · · · · · · · · · · · · ·	·
	3728 Kitty Hawk Avenu	e	
	Orlando, FL	32808	
the cha agent v was/we the art	imited liability company is not organized under the law- inge or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited lial ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the l	the registered office as bility company, it is he the limited liability c imited liability compa	nd the business office of the registered ereby confirmed that the change(s) ompany or as otherwise provided in
I here provisi the obt	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete ligations of my position as registered agent as provided the reflect a change in the registered office address. I he	te to act in this capaci performance of my dui for in Chapter 605, F	ty. I further agree to comply with the ies, and I am familiar with and accept S. Or, if this document is being filed limited liability company has been

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

this change.