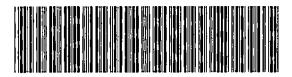


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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: University of Slay 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:	
Jasmine Cole	
Name of Person	
University of Slay Firm/Company	
212 E. Hillsboro Blvd, #703	
Dourfield Beach, FL 33443 City/State and Zip Code	
university of slay agmail. Com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Jasmine Cole at (786), 5935104 Area Code & Daytime Telephone Number	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Mailing Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	

☐ \$55 Filing Fee & Certified Copy

Enclosed is a check for the following amount:

25 Filing Fee

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. Name of the limited liability company: UniVers	ity of Slay
2. (a) 13010 NW 1St, apt 105	(b) P.D. Box 703
Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
<u>Pembroke Pines</u> , FL	Deerfield Beach, FL _
33028	33.44.3
3.5.2020	L20000073581
3. Date of filing/registration in Florida	4. Document number
5. (a) United States Corporation Agent	s.Inc
Registered Agent and Registered Office shown on the records of the	e Florida Dept. of State:
5575 S. Semoran Blvd	
Registered Office Address (MUST BE FLORIDA STREET AD	DRESS
Suite 34	
Orlando .FL	32822
	DOZI HAR
(b) Jasmine Cole	
Enter name of NEW Registered Agent and/or NEW Registered O	ffice address:
212 E. Hillsboro Blud,	±703 ≩
NEW Registered Office Address:	<u>#703</u>
	
Deerfield Beach FL	33443
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 re	gistered office and the business office of the registered
agent will be identical. Or, in the case of a Florida limited liabi was/were authorized by agraffirmative vote of the members of t	the limited liability company or as otherwise provided in
the articles of organization or the operating agreement of the lin	nited liability company.
Ge Och	Jasmine Cole
Signature of a member or authorized representative of a member	Printed or typed name of signee
I héreby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete pe	to act in this capacity. I further agree to comply with the erformance of my duties, and I am familiar with and accept
provisións of all statures relative to the proper and complete pe the obligations of my position as registered agent as provided fo to merely reflect a change in the registered office address. I her	or in Chapter 605, F.S. Or, if this document is being filed
notified in writing of this change.	zw. congram man me mance manning company mes occu
//. (at	
Sidnadire of Registered Agent	

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