L20000162573

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

Office Use Only



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COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJ	EDUCATING THE WORLD LI	LC	. •	
]	Name of Limite	d Liability Company	
Dear S	Sir or Madam:			
The en	nclosed Registered Agent/Registered	Office Change	and fee(s) are submitted for filing.	
Please	return all correspondence concerning	g this matter to	the following:	
MARG	Q QUARIUS			
	Name of Person	 		
EDUC	ATING THE WORLD LLC			
	Firm/Company		,	
121 PI	NE LAKES PKWY N APT III			2
	Address			OAU
PALM	I COAST, FL 32137			20 AUG 13
	City/State and Zip Cod	ie		AH II:
MAR	Q@QUARIUS.NET			1:12
]	E-mail address: (to be used for future	annual report n	otification)	
For fu	rther information concerning this mat	tter, please call:		
MARG	QUARIUS	817 at (400 8000	
	Name of Person		Area Code & Daytime Telephone Number	•
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
	Enclosed is a check for the follow	ing amount:		
	□ \$25 Filing Fee		\$55 Filing Fee & Certified Copy	

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.

. Na	ame of the limited liability company:		121 0131	IC LAWES DESIGNATION	ADTILL		
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(b) 121 PINE LAKES PKWY N APT 111 Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
	PALM COAST. FL 32137		PALM C	COAST, FL 32137			
	06/12/2020		L2000016	52573			
3.	Date of filing/registration in Florida	4.		Document numb	er		
; (a)	MARQ QUARIUS						
5. (a)	Registered Agent and Registered Office shown on the record	ls of the Flori	da Dept. of Si	 tate:			
	2213 SW 122ND ST						
	Registered Office Address (MUST BE FLORIDA STRE	ET ADDRES	<u> </u>				
	-				_		
	GAINESVILLE	, FL_32607			SECICION O 20 AUG		
(b)	MARQ QUARIUS	_,			13 13 13 13		
•	Enter name of NEW Registered Agent and/or NEW Regist	ered Office a	ddress:		O O N		
	121 PINE LAKES PKWY N APT 111			<u>.</u>	ANII: 12		
	NEW Registered Office Address:				% O.W.		
	PALM COAST	32137					
		, FL					
:hange igent v vas/we	imited liability company is not organized under the or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limite authorized by an affirmative vote of the member cles of organization or the operating agreement of	the registed liability of the limited the limited	red office a ompany, it nited liabil	and the business off t is hereby confirmed lity company or as company.	fice of the registered ed that the change(s)		
Signa	ture of a member or authorized representative of a member			Printed or typed nar	me of signee		
provisi he obl o merc	by accept the appointment as registered agent and one of all statutes relative to the proper and compligations of my position as registered agent as provely reflect a change in the registered office address in writing of this change.	lete perforn vided for in	iance of m Chapter 60	y duties, ånd I am fo 05. F.S. Or. if this o	amiliar with and accept document is being filed		
	/ / - -						