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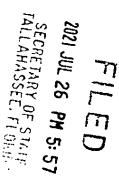
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COVER LETTER

то:		stration Section sion of Corporations				
SUBJF	FCT:	Instructional Design and Learning Services LLC Name of Limited Liability Company				
301301						
Dear Si	ir or N	/ladam:				
The end	elosed	Registered Agent/Registered C	Office Chang	e and fe	e(s) are submitted for filing.	
Please	return	all correspondence concerning	this matter t	o the fol	lowing:	
Laura J	lakiel					
		Name of Person			•	
Instruct	tional I	Design and Learning Services				
		Firm/Company	-	· •	•	
3196 G	iinger I	Orive Apt B				
		Address			•	
Tallaha	issee, F	FL 32308				
		City/State and Zip Code	;		•	
admin@	-					
Е	-mail	address: (to be used for future a	innual report	notifica	tion)	
For fur	ther in	aformation concerning this matt	er, please ca	H:		
Laura J	lakiel		850 at (273-0016	
		Name of Person		,	Area Code & Daytime Telephone Number	
	Regi Divi P.O.	ling Address: istration Section sion of Corporations Box 6327 ahassee, FL 32314			Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
	Encl	osed is a check for the followi	ng amount:			
	■ \$2	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.

١.	Na	ime of the limited liability company: Instructional E	Design and	Lea	ıming Services LL	C
2	(a)	Instructional Design and Learning Services LLC		(b)	Instructional Des	ign and Learning Services LLC address of limited liability company:
	(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		()		address of limited liability company: ** MAY BE POST OFFICE BOX**
		3196 Ginger Drive Apt B			3196 Ginger Driv	e Apt B
		Tallahassee, FL 32308			Tallahassee, FL 3	2308
		08/17/2020		į	_2000025126 3	
3.		Date of filing/registration in Florida	4.	_	Docur	ment number
5.	(a)					
٠.	ιμ)	Registered Agent and Registered Office shown on the records UNITED STATES CORPORATION AGENTS, INC.		ida l	Dept. of State:	
		Registered Office Address (MUST BE FLORIDA STREE	ET ADDRE	<u>(SS)</u>		
		5575 S. SEMORAN BLVD. SUITE 36				_ ~
		ORLANDO	FL_32822			SECR. JU
	(b)	Enter name of NEW Registered Agent and/or NEW Registered	red Office	add	ress:	FILED 2021 JUL 26 PH SECRETARY OF STALLAHASSEE, F
		Laura Jakiel				
		NEW Registered Office Address:				5 6
		3196 Ginger Drive Apt B				
		Fallahassee	FL			
ch ag wa the	ange ent v is/we arti	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 limited authorized by an affirmative vote of the member cles of organization or the operating agreement of the op	the registe Hiability (rs of the li	ered con imit	l office and the band the band is herebated liability comp	usiness office of the registered v confirmed that the change(s)
		ure of a member or authorized representative of a member	La	шга	Jakiel	
						d or typed name of signee
no	прис	by accept the appointment as registered agent and of ons of all statutes relative to the proper and completing igations of my position as registered agent as provi It is reflect a change in the registered office address, I in writing of this change.	agree to a ele perfori ided for in I hereby	ct i nar i Ch cor	n this capacity. I nce of my duties, napter 605, F.S. nfirm that the lim	l further agree to comply with the and I am familiar with and accept Or, if this document is being filed ited liability company has been
Si	gnatu	re of Registered Agent				

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