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To

Division of Corporations Fax Number (850)617-6383

From:

Account Name : REGISTERED AGENTS INC. Account Number .120090000081 Phone : (307)200-2803 Fax Number .1(855)330-1010

> **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

> > LLC REGISTERED AGENT CHANGE LEARN TIME LLC

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T. LETTEUX

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.

Lea	rn Time LLC
. (a) Principal office address of limited liability of (<u>Note:_MUST BE STREET ADDRES</u>	
11/06/20	L20000352783
. Date of filing/registration in Floric	4. Document number
(a) LEGALINC CORPORATE SEP	VICES INC.
Registered Agent and Registered Office shown on th	records of the Florida Dept. of State
476 RIVERSIDE AVE.	
Registered Office Address (MUST BE FLORID)	<u>STREET ADDRESS)</u>
Jacksonville	32202
(b) Registered Agents Inc	
Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u>	Registered Office address:
7901 4th St N	Registered Office address:
NEW Registered Office Address	
STE 300	
St. Petersburg	<u>FL</u> 33702
the change or changes are made, the Florida street gent will be identical. Or, in the case of a Florida ras/were authorized by an affirmative vote of the r ne articles of organization or the operating agreem <u>signature of a member or authorized representative of a mem</u>	Dobin Jones

Signature of Registered Agent

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

David Roberts - Assistant Secretary

1/10/1-22215