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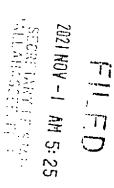
	(Requestor's Name)					
	(Address)					
	(Address)					
	(City/State/Zip/Phone #)					
PICK-UF	P WAIT MA	IL				
	(Business Entity Name)					
(Document Number)						
Certified Copies	Certificates of Status					
Special Instructions to Filing Officer:						
J. HORNE NOV 16 2021						

Office Use Only



600375907206

11/01/21--01037--020 **25.00



COVER LETTER

TO: Registration Section Division of Corporations	
TPI EDU. LLC SUBJECT:	
	nited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change	ge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	to the following:
SHINE LIN	
Name of Person	
MILTON LAW GROUP	
Firm/Company	
12026 MANCHESTER RD	
Address	
SAINT LOUIS, MO 63131	
City/State and Zip Code	
shine.lin@miltonlawgroup.com	
E-mail address: (to be used for future annual report	rt notification)
For further information concerning this matter, please c	all:
SHINE LIN 31 at (14 627-2504
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 following amount	l:
■ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy

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.

2. (a)		(b)		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)				ess of limited liability company: AY BE POST OFFICE BOX)
	1891 JUNO LANDING LANE		18	91 JUNO LANDIN	G LANE
	NORTH PALM BEACH, FL 33408		N0	ORTH PALM BEAG	CH, F1, 33408
	07/01/2021		1.21	000304239	
3.	Date of filing/registration in Florida	4.		Document	number
5. (a)					
J. (u)	Registered Agent and Registered Office shown on the records of	of the Florid	la Dep	nt. of State:	
	DAVID D. PHILLIPS				
	Registered Office Address (MUST BE FLORIDA STREE	TADDRES	<u>(S)</u>		F 2
	1172 S DIXIE HWY #288				021 SEC
	CORAL GABLES			2021 NOV - 1 SECRETARY SALL AHASSE	
(b)					
(0)	Enter name of NEW Registered Agent and/or NEW Register	ed Office a	ddres	<u>\Sigma</u> :	19 € 5 19 5 19 5
	DAVID D. PHILLPS				25
	NEW Registered Office Address:				
	1891 JUNO LANDING LANE			<u>. </u>	
	NORTH PALM BEACH, I	FL_33408			
change agent v was/we the arti	imited liability company is not organized under the le or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the member of a member of a member of a member or authorized representative of a member by accept the appointment as registered agent and a lions of all statutes relative to the proper and completingations of my position as registered agent as providely reflect a change in the registered office address.	ne register liability cos s of the lin ie limited DA	red o ompa nited liabi VID	ffice and the busin any, it is hereby co Hiability company lity company. D. PHILLIPS Printed or to this canacity: I fur	ess office of the registered onfirmed that the change(s) or as otherwise provided in speed name of signee

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

Signature of Registered Agent