## h21000329719

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

Office Use Only



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,	COVER LETTER				
TO:	Registration Section Division of Corporations		•		
CHIR IE	Bridging the Reading Gap				
Name of Limited Liability Company					
Dear S	ir or Madam:				
The end	closed Registered Agent/Registered	Office Change an	nd fee(s) are submitted for filing.		
Please	return all correspondence concernin	g this matter to th	ne following:		
Danyse	Streets				
	Name of Person				
Bridgin	g the Reading Gap				
	Firm/Company		· <del></del>		
1807 Ci	reekwood Lane				
	Address				
Fleming	g Island, FL 32003				
	City/State and Zip Co	de			
danyses	streets@outlook.com				
E	-mail address: (to be used for future	annual report no	tification)		
For fur	ther information concerning this ma	tter, please call:			
Danyse		904 at (	3188475 )		
	Name of Person		Area Code & Daytime Telephone Number		
	Mailing Address:		Street Address:		
	Registration Section		Registration Section		
	Division of Corporations		Division of Corporations		
	P.O. Box 6327		The Centre of Tallahassee		
	Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
			, <del>-</del>		
	Enclosed is a check for the follow	ving amount:			
	■ \$25 Filing Fee	ū	\$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.

1. N	ame of the limited liability company:  Bridging the Reac	ding Gap	
2. (a)	Danyse Streets	(b) same	
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	1807 Creekwood Lanc	same	
	Fleming Island, FL 32003	same	
	07/20/2021	unsure	
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	INC Authority		
J. (a)	Registered Agent and Registered Office shown on the records of	the Florida Dept. of	State:
	INC Authority		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	<del></del>
	390 NORTH ORANGE AVE., STE 2300-N		7AL 202
	ORLANDO , FI	32081	FIL JUN 29 ALLAHASSEI
(b)	Danyse Streets		Fill and
` ,	Enter name of NEW Registered Agent and/or NEW Registered	d Office address:	
	Danyse Streets		AM II: 49
	NEW Registered Office Address:		
	1807 Creekwood Lane		
	Fleming Island . FI	32003	
chang agent was/w the art Sign I here provise the obtomer	limited liability company is not organized under the large or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the authorized representative of a member of authorized representative of a member of all statutes relative to the proper and complete digations of my position as registered agent as provided rely reflect a change in the registered office address. I all in writing of this change.	e registered office ability company, of the limited liab limited liability of Danyse Stree ree to act in this of performance of r	e and the business office of the registered it is hereby confirmed that the change(s) bility company or as otherwise provided in company.  The state of typed name of signee capacity. I further agree to comply with the my duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed