Division of Cornorations 8/26/24, 11:12 AM

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803 Fax Number : (813)436-5206

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

Email Address:_____

LLC REGISTERED AGENT CHANGE SCHOOL4LIVING LLC

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K. SALY

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3/26/2024 11 20 56 PDT - To 18506176383 Page 2/2 Fax 8134365206

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	Same of the limited liability company: SCHOOL41.191	ING LLC	
2. (a	3833 POWERLINE RD	(b) ³⁸³	33 POWEHLINE RD
2. ()	Principal office address of limited hability company. (Note: MUST BE STREET ADDRESS)	(- /	Mailing address of finned liability company: (Nate: MAY BE POST OFFICE BOX)
	SUITE 201	SU	ITE 201
	FORT LAUDERDALE, 33309	FO-	RT LAUDERDALE, 33309
	01/03/22	L220	00001564
3.	Date of filing/registration in Florida	.1.	Document number
5. fa	REGISTERED AGENTS INC.		
.7. (1	Registered Agent and Registered Office shown on the records	of the Florida Dept	, of State:
	7901 4TH STN STE 300		
	Registered Office Address <u>(MUST BE FLORIDA STREE</u>	; r address)	
	ST. PETERSBURG	FL_33702	
(h)	Northwest Registered Apent LLC		——————————————————————————————————————
	Enter name of NEW Registered Agent and/or NEW Registe	red Office address:	
	7901 4th St N		000
	NEW Registered Office Address:		
	STE 300		
	St. Petersburg	33702 F1,	
the chargent was/vihe ar	limited liability company is not organized under the hange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the member ticles of organization or the operating agreement of the authorized representative of a member or authorized representative of a member as a registered agent and completely accept the appointment as registered agent and completely reflect a change in the registered office address.	of the registered Hiability compa is of the limited the limited liabil Na: Smith	d office and the husiness office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in ity company. Printed or typed name of signee his canacity. I further agree to comply with the
noup	ed in writing of this change.		
Signal	Taylor Newman - Assistan	200,014,1	