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COVER LETTER

TO:	Registration Section Division of Corporations					
erus n	Higher Education Miami, LLC					
SUBJI	CT:Name of Limited Liability Company					
Dear S	ir or Madam:					
The en	closed Registered Agent/Registered	l Office Change and	I fee(s) are submitted for filing.			
Please	return all correspondence concernit	ng this matter to the	following:			
Eduard	o E. Bertran, Esq.					
	Name of Person					
Armas	Bertran Zincone					
	Firm/Company					
4960 S	W 72 Avenue, Ste. 206					
	Address					
Miami.	Florida 33155					
	City/State and Zip Co	de	<u></u>			
ebertra	n@armaslaw.com					
E-mail address: (to be used for future annual report notification)						
For fur	ther information concerning this ma	itter, please call:				
Eduard	o Bertran	305 at (661-2021			
	Name of Person	at \	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. F1. 32303			
	Enclosed is a check for the follow	ving amount:				
	■ \$25 Filling 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.

I. Na	ame of the limited liability company: Higher Education	i Miami LLC			
2. (a)	4960 SW 72 Avenue Ste 206		(b) 4960 SW 72 Avenue, Ste. 206		
2. ()	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)		
	Miami, Florida 33155	Mi	ami, Florida 33155		
	January 27, 2022	1.22	000072870		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a)	Alex Ortiz				
	Registered Agent and Registered Office shown on the records of 2727 Ponce de Leon Blvd.	the Florida Dep	1. of State:		
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)			
(b)	Coral Gables Florida, FL	_33134	2023 DEC -7 PM 4: 06 TALLAHASSEE. FLORIDA		
	Eduardo E. Bertran, Esq.		DEC-7 PHI		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	The P			
	4960 SW 72 Avenue, Ste. 206		PH 4: 06 SEE. FLORID		
	NEW Registered Office Address:), · · · · · · · · · · · · · · · · · · ·		
	Miami, FL	33155			
change agent v was/wo	imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited his are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	registered of ability compa of the limited limited liabil	fice and the business office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in		
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee		
provisi the obl to mere	by accept the appointment as registered agent and agrous of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address. It has been also change in the registered office address. It has been address and the second according to the change.	ve to act in the performance d for in Chap hereby confir	his capacity. I further agree to comply with the of my duties, and I am familiar with and accept ter 605, F.S. Or, if this document is being filed in that the limited liability company has been		
Signatu	ie of Registered Agent				