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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCFILE.COM LLC Account Number : I20220000070 Phone : (888)462-3453 Fax Number : (877)919-2613

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

EFILE1234@INCFILE.COM Email Address:

LLC REGISTERED AGENT CHANGE PUPIL PERSPECTIVE & COMPANY LLC

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COVER LETTER

TO: Registration Section Division of Corporations		
PUPIL PERSPECTIVE & COMPANY LLC SUBJECT:		
Name of L	imited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Cha	ange and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter	er to the following:	
LOVETTE DOBSON		
Name of Person		
Firm/Company		
17350 STATE HWY 249 STE 220		
Address	 	
HOUSTON, TX 77064		
City/State and Zip Code	Firm/Company TE HWY 249 STE 220 Address TX 77064 City/State and Zip Code @INCFILE.COM If address: (to be used for future annual report notification) information concerning this matter, please call:	
EFILE1234@INCFILE.COM		
E-mail address: (to be used for future annual rep-	ort notification)	
For further information concerning this matter, please	call:	
LOVETTE DOBSON at (8884623453	
Name of Person	Area Code & Daytime Telephone Number	
Mailing Address:	Street Address:	
Registration Section Division of Corporations	Registration Section Division of Corporations	
P.O. Box 6327	The Centre of Tallahassee	
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810	
	Tallahassee, FL 32303	
Enclosed is a check for the following amoun	ıt:	
■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy	

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

rc(H23000194029 Son

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.

(a)	2690 DANIELLE DR (b) 2690 D			ANIELEE DR				
, ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			failing address o (<u>Note: MAY B</u>				
	OVIEDO, FL 32765	()	CIEDO, F	1.32765				
	05/17/2022		О(Ю12313)	28 .				
(a)	Date of filing/registration in Florida REPUBLIC REGISTERED AGENT FLC	4.		Document nu	nber			
(,	Registered Agent and Registered Office shown on the records o 1150 NW 72ND AVE TOWER L STE 455	Ethe Florida Dej	st, of State					
	Registered Office Address - <u>MUST BE FLORIDA STREET</u>		•					
	MIAMI							
(b)	Madeen Cruz			Ÿ	٠.	20		
(1/)	Intername of NEW Registered Agent and/or NEW Registere					7.14 8 603		
	2690 Danielle Drive				,	92,	,	
	NEW Registered Office Address:					; <u>;</u>	(
	Oviedo F	. 32765 1				56		
ange ent v is/w	imited liability company is not organized under the la or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited l ere authorized by an affirmative vote of the members ieles of organization or the operating agreement of the	e registered o lability comp of the limited a limited liabi	ffice and my, it is Hiability lity com	The business hereby confir company or	office med t	of the hat the	registered change(s)	
et da	Marlela Cruz ture of a member or authorized representative of a member	Maricen	Cruz	Printed or typed	· ·	ol'sioner		
here ovisi e obi	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete igations of my position as registered agent as providely reflect a change in the registered office address. It jnywriting of this change.	ree to act in i performance ed for in Chaj hereby confi	his capa of my d oter 605, m that t	city Linther	· aare	e to cor	noly with th	