Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H25000010703 3)))



H250000107033ABCS

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 Phone : (323)962-8600 Fax Number : (323)389-0502

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

LLC REGISTERED AGENT CHANGE PURPLE TULIP EDUCATIONAL PARTNERSHIP, LLC

| Certificate of Status | 0 |
|-----------------------|---------|
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K. SALY

JAN 10 2025

From: Candaca Pringle

COVER LETTER

| TO: | Registration Section |
|-----|-------------------------|
| | Division of Corporation |

INHS18 (2/14)

| SUBJECT: PURPLE TULIP EDUCATIONAL PARTNERSHIP, LLC | | | | |
|--|---|--|--|--|
| Name of Limited Liability Company | | | | |
| Dear Sir or Madam: | | | | |
| The enclosed Registered Agent/Registered Office (| Change and fee(s) are submitted for filing. | | | |
| Please return all correspondence concerning this m | natter to the following: | | | |
| Mike Town | | | | |
| Name of Person | | | | |
| Legalzoom.com, Inc. | | | | |
| Firm/Company | | | | |
| 9900 Spectrum Dr | | | | |
| Address | | | | |
| Austin, TX 78717 | | | | |
| City/State and Zip Code | | | | |
| jbrown3065@aol.com | | | | |
| E-mail address: (to be used for future annual | report notification) | | | |
| For further information concerning this matter, plea | asc call: | | | |
| Mike Town | 800 773-0888 ext 9724 | | | |
| Name of Person | Area Code & Daytime Telephone Number | | | |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 | | | |
| Enclosed is a check for the following amount: | | | | |
| □ \$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.

| 1. Na | ame of the limited liability company: | OLII LL | DUCATIONAL PARTNERSHIP, LLC |
|--|---|--|---|
| 2. (a) | | (b) | |
| , | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | 9632 TURTLE LANDINGS COURT | | P.O. Box 620591 |
| | ORLANDO, FL 32832 | | ORLANDO, FL 32862 |
| | 02/20/2024 | L | 24000090105 |
| 3. | Date of filing/registration in Florida | 4. | Document number |
| 5. (a) | | | |
| (a) | Registered Agent and Registered Office shown on the records of WASHINGTON, JAIME | the Florida D | ept, of State: |
| | Registered Office Address (MUST BE FLORIDA STREET | ADDRESS) | |
| | 9632 TURTLE LANDINGS COURT | | ALL RES |
| | ORLANDO , FI | 32832 | TALLAHASSEL'E |
| (1-) | | | 9 PM C |
| (b) | Enter name of NEW Registered Agent and/or NEW Registered | l Office addre | |
| | UNITED STATES CORPORATION AGENT | rs, INC. | FILEL PH 2 00 |
| | NEW Registered Office Address: | • | |
| | 476 Riverside Ave. | <u>, </u> | |
| | Jacksonville FI | 32202 | |
| the cha agent w was/we | imited liability company is not organized under the lainge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members cles of organization or the operating agreement of the | ws of the Si f the registe lability com of the limite | red office and the business office of the registered pany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in |
| Tui | le Treutlein | Erik 7 | Freutlein |
| Signat | ture of a member or authorized representative of a member | | Printed or typed name of signee |
| provision the oblicator to merci notified | by accept the appointment as registered agent and agents on sof all statutes relative to the proper and complete igations of my position as registered agent as providedly reflect a change in the registered office address, I din writing of this change. | e performan ed for in Ch hereby con | ce of my duties, and I am familiar with and accept apter 605, F.S. Or, if this document is being filed firm that the limited liability company has been |
| rik | Trautiein Erik Treutlein, ASSISTANT SECRETARY, CORPORATION AGENTS, INC. | , UNITED STAT | TUS |