L95000000398

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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ON REMAICE COMPANA.	智马人
ACCOUNT NO. : 07210000032	TOEC!
REFERENCE : 353107 7499551	555
AUTHORIZATION AU	FSVF E.FLO
COST LIMIT : \$ 25.00	ORIGINAL OF
ORDER DATE: December 10, 2007	
ORDER TIME : 9:58 AM	
ORDER NO. : 353107-055	
CUSTOMER NO: 7499551	
CHANGE OF AGENT	
NAME: NORTH BROWARD PREPARATORY SCHOOLS, L.C.	
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:	
CERTIFIED COPY XX PLAIN STAMPED COPY	
CONTACT PERSON: Kelly Courtney EXT# 2916	

EXAMINER:

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

Pursuant to the provisions of liability company submits the fagent, or both, in the State of Fl	following stateme Iorida.	ent in order to NORTH E	o change its regis BROWARD PR	, the undersigned limited stered office or registered EPARATORY
1. The name of the limited liab	ility company is:	SCHOOLS	S, L.C.	·
2. The mailing address of the li				
3000 West Cypress Creek	Rd, Ft. Lauder	dale, FL 33	309	
May 22, 1995			L95000000398	·
3. Date of filing/registration in	Florida	4. Document number		
5. The name of the registered ag Florida Department of State:	_		ddress as shown o	on the records of the
	Sta	Name		
	3000 West	Cypress Cr	eek Rd	TAS O
1. 12		Address		07 DEC 11 SECRETAR
		erdale, FL 3		AEG CO
ć m i 111 01	-	State and Zip		ASS =
6. The name and address of the	new registered as	gent and/or of	fice:	A R
	Corporation	Service Co	mpany	FF.F.S
	1201	Name Hays Street	·	H 1:55
Flor	ida street address	s (P.O. Box N	OT acceptable)	>
	<u> Fallahassee</u>	<u>F</u> L	32301	
	City, S	State and Zip		
If the limited liability company confirmed that after the change and the business office of the re liability company, it is hereby co of the members of the limited li or the operating agreement of th	or changes are m gistered agent wi onfirmed that the iability company	nade, the Flori ill be identical c change(s) wa or as otherwi	da street address of the case	of the registered office of a Florida limited d by an affirmative vote
(Signature of a member or authorized repr	esentative of a member	er)		
Stacy L. Gordon				
(Printed or typed name of signee)				
I hereby accept the appointment comply with the provisions of all and I am familiar with and acceptage of this documents. I hereby confirm that the	<u>M</u>			pacity. I further agree to rformance of my duties, gent as provided for in in the registered office writing of this change.
*	Gudgel, Asst.			22214
Division of C	orporations, P.	U. Box 6327,	Tallahassee, FL	32314

FILING FEE: \$25.00