2000	ONIFORM BUS	INE 22 KEPU	KI (UBR	<u> </u>	•	• •	
DOCUMENT # L9900006224					FILED		
INTERNATIONAL CENTER FOR EXCELLENCE IN EDUCATION					00 JAN 24 AM !!: 15		
Principal Place of Business Mailing Address 2828 S. TAMIAMI TRAIL 2828 S. TAMIAMI TRAIL SARASOTA FL 34239 SARASOTA FL 34239-51			 03		SECRETARY OF STATE TALLAHASSEE, FLORIDA		
2. Principal F	Place of Business 34457 W.	3. Mailing Address	3. Mailing Address 5501 34 4 ST. W				
Suite, Apt. #, etc. Suite, Apt. #, etc.			<u> </u>	`	DO NOT WRITE	IN THIS SPACE	
Braden	<i>,</i> — <i>,</i>	Bradenton, FL		4. FEI N	4. FEI Number Applied For Not Applicable		
34210	MANNTSE.	34210	MANATEC		cate of Status Desired	S5.00 Add	litional d
F- 1 2- 3.	6. Name and Address of Current	Registered Agent 🗻 🗢	Name	~ 7. Name	and Address of New Re	gistered Agent	-2
MCCOMP MILIAM E					imber is Not Acceptable)		
2828 S. TAMIAMI TRAIL SARASOTA FL 34239							
City						FL Zip Code	3
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.							
SIGNATURE							
FILE NOW!!! FEE IS \$50.00							
		Make Check Pa	ayable to Departn	nent of State			
9.	MANAGING MEMBI	ERS/MEMBERS	10.		ADDITIONS/C	CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCCOMB, WILLIAM E 2828 S. TAMIAMI TRAIL SARASOTA FL 34239	C Deleto	TITLE NAME STREET ADDRESS CHY-ST-ZIP	٠	900003	113969 /0001100 50.00 *****	-002 -50.00
TITLE MAME STREET ADDRESS	MGR BAND, DAVID S	☐ Delete	TITLE MAME STREET ADDRESS	-		Change	Addition
CITY-\$T-ZIP	240 S. PINEAPPLE AVENUE, 101 SARASOTA FL 34236	IN FLOOR	CITY-ST-ZIP		- 	· Roof	
NAME STREET ADDRESS CITY-ST-ZIP	MGR ODELL, RICHARD 330 W. 10TH STREET TRAVERSE CITY MI 49684	L_J Dziete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5561 34. Bradenton	4 ST. W. FL 34210	Change .	Addition
TITLE	TRAVERSE CITT WII 49004	☐ Deterte	TITLE			☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP			•	
TITLE		Delate	TITLE			Ctrange	Addition
MAME STREET ADDRESS CITY-ST-ZIP		÷	NAME STREET ABORESS CITY-ST-ZIP				ı
TITLE	,	Delete	TITLE			Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP			STREET AUDRESS CITY-ST-ZIP	,			İ
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.							
SIGNATURE SIGNATURE SIGNATURE OF PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER DayS Phone #							