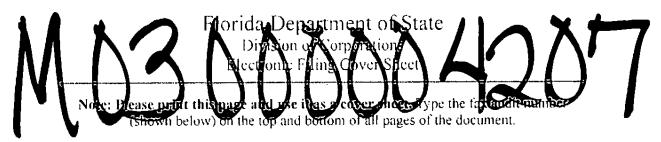
11/14/22, 11:40 AM

Division of Corporations



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Page: 2 of 4

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845 : (614)573-3996 Fax Number

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

Email Address:\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN K12 FLORIDA L.L.C.

Certificate of Status	0
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Help

From: Kaity Toon

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

## SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appear	s on the records of the Florida Department of	
State: K12 FLORIDA L.L.C.		
Enter new principal office address, if applicable:	11720 Plaza America Drive	-
( <u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u> )	9th Floor	
	Reston, VA 20190	
Enter new mailing address, if applicable:	11720 Plaza America Drive	
( <u>Mailing address</u> <u>MAY BE A POST OFFICE BON</u> )	9th Floor	;; ;:
<u> </u>	Reston, VA 20190	
2. The Florida document number of this limited liability company is: M03000004207		
3. Jurisdiction of its organization: Delaware		10
4. Date authorized to do business in Florida: 12/17/2003		
SECTION II (5-9 complete only the applicable	changes)	
5. New name of the limited liability company: (mus	t contain "Limited Liability Company, " "L.L	.C.," or "LLC.")
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or ma must contain "Limited Liability Company," "L.L.C.	I for the purpose of transacting business in Flo naging members adopting the alternate name. C." or "LLC.")	rida and attach a The afternate name
6. If amending the registered agent and/or registered agent and/or the new registered office a	ed officer address on our records, enter the na- ddress here:	me of the new
Name of New Registered Agent:	<u> </u>	
New Registered Office Address:	Enter Florida Street Addre	33
	Florida	
_	City	Zip Code
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered age the provisions of all statutes relative to the proper and accept the obligations of my position as regist document is being filed to merely reflect a change liability company has been notified in writing of the	nt and agree to act in this capacity. I further of and complete performance of my duties, and tered agent as provided for in Chapter 605, F. in the registered office address, I hereby conf	Lam familiar with — S. Or, if this

To:

8. If the amendment changes person, title or capacity in accordance with 605,0902 (1)(e), indicate that change:				
Title/Capacity	Name	Address	Type of Action	
			DAdd	
			□Remove	
	,		□Add	
			□Remove	
			Add CROWN TO SERVE THE 2: 39	
			⊟Remove	
			□Add	
aforementioned an	he law of which this entity is organize	e official having custody of records in ted.  Society of the control of the contr	□Remove	

Filing Fee: \$25.00