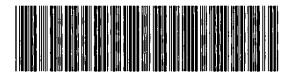
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(Re	equestor's Name)	·			
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PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
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Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					

Office Use Only



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SECRETARY OF STATE
TALL AHASSEE, FLORID



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	ACCOUNT NO.	:	07210000	0032	
	REFERENCE	:	353107	7499551	7.00
	AUTHORIZATION	Die	Kar.	_	7 E T
	COST LIMIT	X	\$ 25.00		ET S
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ORDER NO. :	353107-050			•	OF A
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	CHANGE OF A	 . <u>GEN</u>	<u>T</u>		
NAME:	NBP SCHOOLS,	LLC			
CERTI	THE FOLLOWING AS	PR	OOF OF FI	LING:	·
	STAMPED COPY N: Kelly Courtne	:Y		•	

EXAMINER'S INITIALS:

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

Pursuant to the provisions of sections 608.416 or 608.508, 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. The name of the limited liability company is:	NBP SCHOOLS, LLC
2. The mailing address of the limited liability con	npany is :
3000 West Cypress Creek Rd, Fort Lauder	dale, FL 33309
March 4, 2005	M05000001153
3. Date of filing/registration in Florida	4. Document number
5. The name of the registered agent and the register Florida Department of State:	
	y Gordon $\Xi_{\mathcal{S}}$ 0
	Name Cypress Creek Rd ddress rdale, FL 33309
	Cypress Creek Rd Address rdale, FL 33309
•	tate and Zip
6. The name and address of the new registered age	ent and/or office:
	Service Company and an
1201 H	ame Page 18 18 18 18 18 18 18 18 18 18 18 18 18
Florida street address (P.O. Box NOT acceptable)
Tallahassee	
City, Sta	ite and Zip
liability company, it is hereby confirmed that the	de, the Florida street address of the registered office be identical. Or, in the case of a Florida limited change(s) was/were authorized by an affirmative vote as otherwise provided in the articles of organization company.
(Signature of a Member or authorized representative of a member)	
Stacy L. Gordon	<u> </u>
(Printed or typed name of signee)	
1 W JUDON	ent and agree to act in this capacity. I further agree to to the proper and complete performance of my duties, of my position as registered agent as provided for in ed to merely reflect a change in the registered office company has been notified in writing of this change.
(Signature of Registered Agent) Amy Gudgel, Asst. V	
Division of Corporations, P.O	. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00