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Office Use Only



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ACCOUNT NO. : 072100000032

REFERENCE : 957921

7513462

AUTHORIZATION

COST LIMIT :

ORDER DATE: June 20, 2007

ORDER TIME : 10:27 AM

ORDER NO. : 957921-050

CUSTOMER NO: 7513462

CHANGE OF AGENT

NAME: CONNECTIONS ACADEMY, LLC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY

CONTACT PERSON: Harry B. Davis

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.

	V				
1. The name of the l	imited liability company	is: CONNECTIO	NS ACADEMY, LLC	3	_•
2 The mailing addre	ess of the limited liability	company is:			
•	•	–			-•
100 Lancaster Street, 6th	Floor, Baltimore, MD 21202	2			
05/31/2005			M05000002940		
3. Date of filing/registration in Florida		4. Document number			
5. The name of the re Florida Departmer	egistered agent and the rent of State:	gistered office a	ddress as shown o	n the records of the	
-	Capitol	Corporate Services	, Inc.		
		Name			
	155 C	office Plaza Dr., Suit	te A		
		Address			
	18	Tallahassee, FL 32301			
	C	ity, State and Zip	•	••	
6. The name and add	ress of the new registere	d agent and/or of	ffice:		
	Cornor	ation Service Comp	anv	700	
- 4 % 7 * 4 - 4 % 7 * 4 - 4 % 7 * 4	Согро	Name	any .	ÉÖ, Z	
en ir	1	201 Hays Street	•		
e de la companya de l	Florida street add	ress (P.O. Box N	(OT acceptable):	SSE VENT	TILED
• •					6
ga et e M	Tallahassee	FL Control 17	32301	SH	
	Cir	y, State and Zip		12 A	
confirmed that after that and the business office liability company, it of the members of the second control of the members of	y company is not organize the change or changes are ce of the registered agent is hereby confirmed that the limited liability comparement of the limited liab	e made, the Flori t will be identica the change(s) wa any or as otherwi	da street address of the case	of the registered office of a Florida limited I by an affirmative vote	
	authorized representative of a mo	ember)			
· -	-		ł		
Theodore R.	Ochs, Jr. Ausignee)	thoursed Per	Jord		
I hereby accept the comply with the provand I am familiar with Chapter 608, F.S. Oaddress, I hereby con	appointment as registere visions of all statutes related and accept the obligator, if this document is being that the limited lial	d agent and agre tive to the prope ions of my positi ng filed to merely bility company ho	ee to act in this caper and complete per on as registered a y reflect a change as been notified in	pacity. I further agree to rformance of my duties, gent as provided for in in the registered office writing of this change.)
(Signature of Registered A	gent)				

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

INHS18 (8/05)

Elizabeth A. Dawson, Asst. Vice President