(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

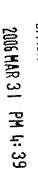
Office Use Only

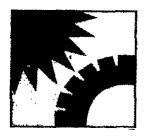


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US CorpWorks Inc.

23 Butler Avenue Maynard, MA 01754 www.uscorpworks.com

Phone: 888.967.5799 Fax: 978.897.5905

March 24, 2006

### Via US Mail

Division of Corporations Florida Department of State 2661 Executive Center Circle West Tallahassee, FL 32301

Re: Center for English Studies, LLC

To Whom It May Concern:

Enclosed for filing in your office are the following document(s) along with a check covering your fees:

## **Change of Registered Agent**

Please call the toll-free number listed above if for any reason, the filing(s) can not be made.

Thank you for your time and consideration in this matter.

Sincerely,

Sabrina Tillapaugh

# 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.

agent, or both, in the State	of Florida.			
1. The name of the limited	liability company is: C	enter for En	glish Studies, LLC	•
2. The mailing address of	the limited liability com	pany is :		
330 Seventh Avenue, 2nd Le	vel, New York, NY 1001	-		
07/26/2005			M05000004237	
3. Date of filing/registration in Florida 4. Document num				
5. Date of Himpregistratio	n in Fiorida	4	. Document namo	<b>51</b>
5. The name of the registere Florida Department of St	ed agent and the register rate:	red office a	ddress as shown on	the records of the
<u>(</u>	CT Corporation System.			
_	N	Vame		
_1	1200 South Pine Island Ro	oad		
	Â	ddress		20 20
<u>-</u>	Plantation, FL 33324	ate and Zip		SECR DIVISION <b>2006 MA</b>
	City, St	ate and Zip		AR SER
6. The name and address of	the new registered ager	at and/or of	fice:	SECRETARY DIVISION OF EG 2006 MAR 3 1
N	RAI Services, Inc.			IL ELD RY OF STATE EORPORATION: I PM 4: 39
_	Na			S IA
	731 Executive Park Drive,	<del></del>		Section 1
	Florida street address (I	P.O. Box N	OT acceptable)	<b>9</b> **
<u>w</u>	Veston , ]	FL 33331		
	City, Stat	te and Zip		
If the limited liability compared that after the charand the business office of the liability company, it is hereby the members of the limited I the operating agreement of the limited of a member or authorized.	nge or changes are made the registered agent will be by confirmed that the characteristic company of as the limited liability com	e, the Flori be identical ange(s) wa otherwise p	da street address of Or, in the case of s/were authorized b	the registered office a Florida limited y an affirmative vote of
Suzance waterd (Printed or typed name of signee)				
I hereby accept the appoint comply with the provisions of and I am familiar with and of Chapter 608, F.S. Or, if this address, I hereby confirm the NRAI Services, Inc.  (Signature of Registered Agent) Sabrina Tillapaugh, Asst. Section 1	na silapo	_		

**FILING FEE: \$25.00** 

INHS18(10/99)

#### 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: Center for English Studies, LLC 2. The mailing address of the limited liability company is: 330 Seventh Avenue, 2nd Level, New York, NY 10001 M05000004237 07/26/2005 4. Document number 3. Date of filing/registration in Florida 5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: CT Corporation System Name 1200 South Pine Island Road Address Plantation, FL 33324 City, State and Zip 6. The name and address of the new registered agent and/or office: NRAI Services, Inc. Name 2731 Executive Park Drive, Suite 4 Florida street address (P.O. Box NOT acceptable) FL 33331 Weston City, State and Zip If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. (Stenature of a member or authorized representative of a member) wzanne woulford (Printed or typed name of signee) I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

FILING FEE: \$25.00 INHS18(10/99)

Sabrina Tillapaugh. Asst. Secretary
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

NRAI Services, Inc.

(Signature of Registered Agent)