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TO MAR 25 AK II: 21

B. KOHR
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EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJ	ECT: LEAR	N-IT SYSTEMS, LLC	
	Name of Li	imited Liability Company	_
Dear S	Sir or Madam:	•	OHAN
The en	nclosed Registered Agent/Registered Of	ffice Change and fee(s) are submitted for filing.	`
Please	e return all correspondence concerning t	this matter to the following:	
	KELLI FLANNERY Name of Person		
	Name of Ferson		
-	HIQ CORPORATE SERVICES, I	INC.	
	Firm/Company		
	715 ST. PAUL STREET Address	- 17	
	BALTIMORE, MD 21202 City/State and Zip Code		
E-	JSTROTT@HIQ-AGENTS.CO	oM stification)	
For fu	rther information concerning this matter	r, please call:	
	KELLI FLANNERY Name of Person	at (800)564-5300	
	Name of Person	Area Code & Daytime Telephone Number	
	STREET/COURIER ADDRESS:	MAILING ADDRESS:	
	Registration Section Division of Corporations	Registration Section Division of Corporations	
	Clifton Building	P.O. Box 6327	
	2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314	
	Enclosed is a check for the following	g amount:	
	\$25 Filing Fee	\$55 Filing Fee & Certified Copy	



715 St. Paul Street • Baltimore, Maryland 21202 • Phone: 800.564.5300 • Fax: 866.752.2808 www.hiq-agents.com

VIA FEDERAL EXPRESS

March 25, 2010

Florida Secretary of State Corporation Services

Re: Learn-It Systems, LLC

Change of Registered Agent

Dear Sir/Madam:

Enclosed please find one Statement of Change of Registered Agent on behalf of the above-referenced entity. Also enclosed is our check in the amount of \$25.00 to cover the necessary filing fees.

Kindly file the enclosed at you earliest convenience returning evidence of the filing back to us at the below address via regular mail. Please do not hesitate to contact our office with questions or comments. Thank you.

Very truly yours,

HIQ CORPORATE SERVICES, INC.

Enclosures

KCF/lw

'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. Name of the limited liability company:	LEARN-IT SYSTEMS, LLC
2. (a) Principal office address of limited liability compa	any:
(Note: MUST BE STREET ADDRESS)	2201 OLD COURT ROAD BALTIMORE MD 21208
(b) Mailing address of limited liability company:	\sum\sum_\gamma_\
(Note: MAY BE POST OFFICE BOX)	2201 OLD COURT ROAD BALTIMORE MD 21208
03/27/2007	M07000001790
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown of	on the records of the Florida Dept. of State:
Registered Agent:	C T CORPORATION SYSTEM
Registered Office Address:	1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent:	EW Registered Office address: HIQ CORPORATE SERVICES, INC.
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1574 VILLAGE SQUARE BLVD. SUITE 100
inicol Ba i Bonia. I Blinda i ilbaniada,	TALLAHASSEE ,FL32309
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ideliability company, it is hereby confirmed that the change of the members of the limited liability company or as other or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	e Florida street address of the registered office entical. Or, in the case of a Florida limited
MICHAEL MALONEY, MANAGING MEMBER Printed or typed name of signee	
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability compositions.	d agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in merely reflect a change in the registered office any has been notified in writing of this change.
Keleilaun VP. HIQ Corpor	att. Services Inc

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

Signature of Registered Agen