m0700005641							
(Requestor's Name) (Address) (Address)	400291645934						
(City/State/Zip/Phone #)	10/31/1601021010 **25.00						
Certified Copies Certificates of Status	FILED 16 OCT 31 PH 12: OS SECRE FARY OF STATE TALLANASSEE, FLORIDA						
Office Use Only	D. SCOTT						

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.	Nai	me of the limited liability company:						
2.		COPY MILLY MANAGEMENT SCHOOL, LC Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)	<u>CIO Premií</u> Mailin		M SWICL, L d liability company: <u>T.OFFICE BOX</u> )		
		7910 Wood wont Ave, suite 1405		7910 WOOD	movit Ave.,	SUITE 1405		
		Betheuda, MID 20814		Bethusda, M	ND 20814	·····		
		9/19/2017		M0700	0005641			
3.		Date of filing/registration in Florida	4.	Doc	ument number			
5.	(a)	NA						
		Registered Agent and Registered Office shown on the records	of the Florida	Dept. of State:				
			~~ (DDDDCC					
		Registered Office Address (MUST BE FLORIDA STREE	TADDKE55)			TS S		
						LECAR B T		
			FL					
	(ኬ)	Andrew Dector				THE D RICE OS		
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registe</u>	red Office add	ress:		PHIS		
						OR CO		
		<u>TTTT Glades Rd., Suik 400</u> <u>NEW</u> Registered Office Address:				P 5		
		<u>HEW</u> Registered Office Address.						
		Boca paton,	FL334	34				
the age wa the <u>S</u> <i>I</i> <i>h</i> <i>pro</i> <i>the</i> <i>to i</i>	cha ent w s/we artic ignat ignat eret ovisio obli nere	mited liability company is not organized under the nge or changes are made, the Florida street address vill be identical. Or, in the case of a Florida limited re authorized by an affirmative vote of the member cles of organization or the operating agreement of the ure of member or authorized representative of a member by accept the appointment as registered agent and cons of all statutes relative to the proper and complete gations of my position as registered agent as prov. by reflect a change in the registered office address in writing of this change.	s of the regis I liability co rs of the limited limite	tered office and npany, it is her ted liability con ability compan A A HAAA Prin in this canacin	I the business o reby confirmed mpany or as oth y. <u>MHU</u> , ited or typed name	ffice of the registered that the change(s) nerwise provided in <u>Manage</u> of signee		
Sig	natur	e of Registered Agent						
	, <del></del> .							

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