## M08 00000 5397

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP W	AIT MAIL				
(Business En	tity Name)				
(Document Number)					
Certified Copies Cert	tificates of Status				
Special Instructions to Filing Officer:					

Office Use Only



300326414223

U3/19/19--U1016--U10 \*\*25.00



MAR 2.8 (3)3 T. LEMEUX



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ashley Seeman ashley.seeman@cscqlobal.com

Date: March 15, 2019

Order#: 682735-004

Re: TEACHERS' CURRICULUM INSTITUTE LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Ashley Seeman c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA. XCOA

## 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.	Na	ane of the limited liability company: Teachers' Curricu	ulum Inst	titute LLC		
?	(a)	2440 W El Camino Real, Ste 400	(b)			
	(-)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_ (")		lailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)	
		Mountain View CA 94040				
		12/12/2008		M080000	05397	
3.		Date of filing/registration in Florida	4.		Document number	
5.	(a)	C T Corporation System				
٠.	(4)	Registered Agent and Registered Office shown on the records of th	e Florida I	Dept. of State		
		1200 South Pine Island Road				
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
		Plantation, FL_	33324		2010	
	(b)	Corporation Service Company			TILL SILVATARSSE	
		Enter name of NEW Registered Agent and/or NEW Registered C	)tfice addr	<u>'ess</u> )	City Control of the C	
		1201 Hays Street				
		NEW Registered Office Address:			STATE PLORIDA	
		Tallahassee, FL_	32301			
the ag wa	e cha ent w is/we	mited liability company is not organized under the laws nge or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	he registe pility con the limit	ered office apany, it is ed liability	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in	
/\$	S/ PI	nuong Duong	Phuoi	ng Duong		
	Signat	ure of a member or authorized representative of a member			Printed or typed name of signee	
pre the to no	ovișie e obli mere tifiea	by accept the appointment as registered agent and agre- ons of all statutes relative to the proper and complete p gations of my position as registered agent as provided by reflect a change in the registered office address, I he in writing of this change.	erformar	ice of my d	uties and Lam Tamiliar with and accept	
Si	<u>z</u> natur	e of Registered Agent Corporation Service Company	BY: Gra	ice E. Kirl	by, Asst. Vice President	

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