Division of Corporations Electronic Filing Cover Sheet

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(((H12000017460 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (850)222-1092

Fax Number

: (850)878-5368

**Enter	the	email	address	for	this	busin	e 35	entity	to	Ъe	used	for	future
an	nual	repor	t mailin	as.	Enter	only	one	email	add	res	s ple	ase.	** > 0

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JAN 27 2012

L. SELLERS

LLC REGISTERED AGENT CHANGE THE CAMELOT SCHOOLS OF PENNSYLVANIA, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu Please retain original filing

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https://efile.sunbiz.org/scripts/efilcovr.exe

COVER LETTER

TO: Registration Section

SUBJECT: Name of	of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registere	d Office Change and fee(s) are submitted for fi
Please return all correspondence concerni	ng this matter to the following:
Linda Montgomery	
Name of Person	
Jones Day	
Рити/Систралу	
901 Lakeside Avenue	
Address	
Cleveland OH 44114	
City/State and Zip Code.	
lmontgomery@jonesday.com	
6-mail address (to be used for future annual repo	
For further information concerning this tr	natter, pleuse call:
Linda Montgomery	at (216 586-1066
Name of Porson	Area Code & Daytime Tulephone Numb
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	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 follow	wing amount:
□ \$25 Filing Fee	S55 Filing Fee & Certified Copy

PAGE 03/04

CT CORPORATION

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DEPARTMENT OF STATE OF PENNSYLVANIA, LLC

OF PENNSYLVANIA, LLC

Division of Corporations

ALPPING SPRINGS, TX 78620

SUBJECT: THE CAMELOT SCHOOLS OF PENNSYLVANIA, LLC, CAMELOT SCHOOLS

The Registered Agent on file does not match the agent listed in section 5 (a) of the form submitted. Please verify whats on file in our records and change the document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Leslie Sellers Regulatory Specialist II FAX Aud. #: H12000017460 Letter Number: 312A00001789

P.O BOX 6327 - Tallahassee, Florida 32314

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: The Camelot School	ols of Pennsylvania, LLC					
2. (a) Principal office address of limited liability company	4207 Highway 290 East					
(Note: MUST BE STREET ADDRESS)	Dripping Springs, TX 78620					
(b) Mailing address of limited liability company:						
(Note: MAY BE POST OFFICE BOX)						
03/29/2010	M10000001454					
3. Date of filing/registration in Florida 4	4. Document number					
S. (B) Registered Agent and Registered Office shown on the	he records of the Florida Dept. of State:					
Registered Agent:	Incorp Services, Inc.					
Registered Office Address:	17888 67th Court North Loxahatchee FL 33470					
(b) Enter name of NEW Registered Agent and/or NEW	V Registered Office address:					
NEW Registered Agent:	C T Corporation System					
NEW Registered Office Address: OMUST BB FLORIDA STREET ADDRESS)	1200 South Pine Island Road					
	Plantation ,FL 33324					
If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Fle and the business office of the registered agent will be identic liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as otherwor the operating agreement of the limited liability company.	orida street address of the registered office conditions of a Florida limited was/were authorized by an affirmative vote vise provided in the articles of organization					
Signature of a morabor of sutherized representative of a marabor						
Pater C. Teang						
I hereby accept the appointment as registered agent and ag comply with the provintons of all statutes relative to the project of a magnitur with and accept the obligations of my period Chapter 608, F.S. Or. If this document is leging filed to have address, I hereby confirm that the limited Hability company CA Corporation System	ree to got in this capacity. I further agree to per and complete performance of my distinct into maximum as provided agreement as provided agreement in the registered of the mass been notified in writing of this changes.					
Signature of Registered Agent	20 SAP					
Division of Corporations, P.O. Box 632	1) FRITHTHERSON LT 25254					

PAGE 04/04

By:

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