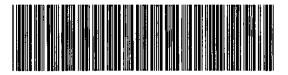
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(Requestor's Name)							
(Address)							
(Address)							
(Cit	ty/State/Zip/Phone	e #)					
PICK-UP	☐ WAIT	MAIL					
(Bu	ısiness Entity Nar	ne)					
(Document Number)							
Certified Copies	_ Certificates	s of Status					
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MB30 Mis



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Tecora Bell tecora.bell@cscqlobal.com

Date: August 25, 2016

Order#: 258863-095

. Re: KINDERCARE LEARNING CENTERS 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.

<u>XX</u> Please return evidence to the following:

Attn: Tecora Bell

c/o Corporation Service Company
2711 Centerville Road, Suite 400

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	me of the limited liability company: KINDERCARE L	EARNIN	IG CENTER	RS LLC			
2.	(a)	650 NE HOLLADAY STREET, SUITE 1400 Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS))	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
		PORTLAND, OR 97232	_					
_		06/07/2011		M1100000				
3.		Date of filing/registration in Florida	4.		Document number			
5.	(a)	C T CORPORATION SYSTEM			_			
		Registered Agent and Registered Office shown on the records of the	e Florida	Dept. of State	3 .			
		1200 SOUTH PINE ISLAND ROAD			_			
		Registered Office Address (MUST BE FLORIDA STREET A)	DDRESS)	!	1			
						2018		
		PLANTATION , FL	33324		AHAS	AU6 2		
	(h)	Corporation Service Company			SAY E	مَـ		
	(b)	Corporation Service Company Enter name of NEW Registered Agent and/or NEW Registered C	Office add	ress:	-	TA TO		
					문제 (A) 문제 급비 227 공간	$\dot{\sim}$	•	
		1201 Hays Street			in the	29		
		NEW Registered Office Address:		•				
		Tallahassee , FL	32301		_			
the ag wa	e cha ent v is/we	mited liability company is not organized under the laws nge or changes are made, the Florida street address of tivill be identical. Or, in the case of a Florida limited liab tree authorized by an affirmative vote of the members of cles of organization on the operating agreement of the liab	he regis pility co the limi	tered office mpany, it is ted liability	e and the business offices s hereby confirmed that y company or as othery	ce of the	e registered lange(s)	
		- Xel C. Where	Jill C	ilmi, Author	rized Person			
I i pr the to	herel ovisi e obl mere tified	were of a member or authorized representative of a member by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided ely reflect a change in the registered office address, I he is in writing of this change.	e to act performa for in C ereby co	in this capa mce of my a hapter 605, nfirm that i	Printed or typed name of s acity. I further agree t duties, and I am familio 5, F.S. Or, if this docun the limited liability con	- o comp	ly with the and accept being filed has been	
Si			BY: G	ace E. Kir	rby, Asst. Vice Presid	lent		

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