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K. SALY

SEP 2 2 2016

9/21/2016

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.

Na	me of the limited liability company: Learning Science	24 International	LLC
(a)	175 Cornell Rd., Suite 18, Blairsville, PA 15717	(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BR POST OFFICE BOX)
	June 17, 2011		1000003106
	Date of filing/registration in Florida	4.	Document number
5. (a)	Registered Agent and Registered Office shown on the records of TOTH, BRYAN	fthe Florida Dep	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 1400 Centrepark Boulevard, Suite 1000		2016 SEP 21 STALLAHASS
	West Palm Beach	33401	THE TO THE
	<u> </u>	[_]	SSS 2
(b)			SEE T
	Enter name of NEW Registered Agent and/or NEW Registered	i Office address	7 s
	C T Corporation System		· · · · · · · · · · · · · · · · · · ·
	NEW Registered Office Address:		
•	1200 South Pine Island Road		
,	Plantation	. 33324	
	, FI	L	
e char ont was/we	mited liability company is not organized under the la nge or changes are made, the Florida street address o till be identical. Or, in the case of a Florida limited li- re authorized by an affirmative vote of the members cles of organization or the operating agreement of the	f the registere iability compa of the limited c limited liabil	ed office and the business office of the register any, it is hereby confirmed that the change(s) liability company or as otherwise provided in
	ure of a member or authorized representative of a member		Printed or typed name of signee
heret	by accept the appointment as registered agent and agons of all statutes relative to the proper and complete gations of my position as registered agent as provide by reflect a change in the registered office address, I in writing of this change.	ree to act in to performance	his capacity. I further agree to comply with the of my duties, and I am familiar with and acce

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

INHS18 (2/14)