

M1200000 5657

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

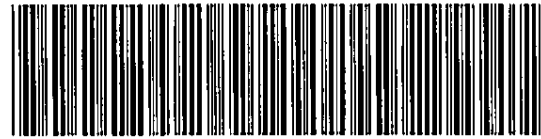
(Business Entity Name)

(Document Number)

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J. LEGGETT  
MAY 29 2018

J. LEGGETT  
MAY 29 2018

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Learn Our History LLC

\_\_\_\_\_  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Bradley Saft

\_\_\_\_\_  
Name of Person

BSS1 LLC

\_\_\_\_\_  
Firm/Company

5090 PGA Blvd., Suite 316

\_\_\_\_\_  
Address

Palm Beach Gardens, FL 33418

\_\_\_\_\_  
City/State and Zip Code

carmen@learnourhistory.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carmen Wallace

561

371-3233

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**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. Name of the limited liability company: Learn Our History LLC

2. (a) 5090 PGA Blvd., Suite 316 (b) 5090 PGA Blvd., Suite 316

Principal office address of limited liability company:

*(Note: MUST BE STREET ADDRESS)*

Palm Beach Gardens, FL 33418

Mailing address of limited liability company:

*(Note: MAY BE POST OFFICE BOX)*

Palm Beach Gardens, FL 33418

10/09/2012

M12000005657

3. Date of filing/registration in Florida

4. Document number

5. (a) Bradley Saft

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

5070 PGA Blvd., Suite 204

Palm Beach Gardens, FL 33418

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

Bradley Saft

NEW Registered Office Address:

5090 PGA Blvd., Suite 316

Palm Beach Gardens, FL 33418

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Carmen Wallace

Signature of a member or authorized representative of a member

Carmen Wallace

Printed or typed name of signee

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

[Signature]

Signature of Registered Agent