## Florida Department of State Division of Corporations Electronic Villing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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	To:			
		Division of Corporations		
		Fax Number : (850)617-6383		
	Fro	n:		
		Account Name : REGISTERED AGENT SOLUTIONS INC		
		Account Number : I20100000062		
	(/)	Phone : (888)705-7274	\	2
*****	S (EC) (E	Fax Number : (888)706-7274		2023
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٠,	**Ent	er the email address for this business entity to be used for	r future	
	co : 11	annual report mailings. Enter only one email address please	• •	CO
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## LLC REGISTERED AGENT CHANGE SCHOOL MODEL SUPPORT, LLC

Certificate of Status	0
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Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

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## COVER LETTER

→ 18506176**3**83

TO: Registration Section Division of Corporations	
SCHOOL MODEL SUPPORT, LLC SUBJECT:	
	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 n	natter to the following:
Mary Castillo	
Name of Person	
Decisional Associations Inc	
Registered Agent Solutions, Inc. Firm/Company	
Corporate Center One, 5301 Southwest Pkwy, Ste 400	
Address	
Austin, TX 78735	
City/State and Zip Code	
E-mail address: (to be used for future annual	report notification)
For further information concerning this matter, ple	ease call:
Mary Castillo	888 705-7274 at ()
Name of Person	Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following an	nount:
□ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy
INHS18 (2/14)	

## 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.

BOISE	•						
BOISE	, ID 83702			Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)			
	· · · · · · · · · · · · · · · · · · ·						
M19000	006398						
4.	Documen	t number					
the Florida Dept. of S	State:						
1200 SOUTH PINE ISLAND ROAD							
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)							
33324		₹6°.,	2	<u> </u>			
Registered Agent Solutions, Inc.			1 C7	799 A			
Office address:			-	_			
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32301							
registered office ability company, of the limited liab limited liability c	and the busir it is hereby co ility company	ness office of the onfirmed that the or as otherwise	regist chang	tered ge(s)			
Jason Kotter	to_0 = 4						
	the Florida Dept. of S  ADDRESS)  33324  1 Office address:  32301  ws of the State of registered office ability company, of the limited liab limited liability of Jason Kotter	4. Documen  the Florida Dept. of State:  ADDRESS)  33324  32301  ws of the State of Florida, it is registered office and the busin ability company, it is hereby confitted liability company. Jason Kotter  Printed or Print	4. Document number  the Florida Dept. of State:  ADDRESS)  33324  1 Office address:  are gistered office and the business office of the ability company, it is hereby confirmed that the off the limited liability company or as otherwise limited liability company.  Jason Kotter Member  Printed or typed name of signe	description of State:  ADDRESS)  33324  We of the State of Florida, it is hereby confirmed that the registered office and the business office of the registered of the limited liability company or as otherwise provident limited liability company.  Jason Kotter  Printed or typed name of signee			

Mackenzie Hibler, Asst. Secretary

Signature of Registered Agent