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Account#: 120000000088 If there are any issues please contact Patrice at 850-202-9071

1

Date:	04/23/2024				
	Patrice	Rush			
Reference #	004	30959		(;) 'T'	267
Entity Name	:	WASSERM	IAN COLLEGE, LL	C NACE TABLE	2024 AP# 23
☐ Article ☐ Amen ☐ Chan ☐ Reins	es of Incorporatindment ge of Agent statement ersion		on to Transact Business	7.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4	1 5
_	lution/Withdraw	<i>ı</i> al			
_	ous Name				
Authorized A	Amount:	\$25.00			

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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.

Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) No Change No Change No Change	1. Na	ame of the limited liability company: WASSEF	RMAN COL	LEGE, LLC
No Change No Change No Change	2. (a)		_ (b)	
August 24, 2021 August 24, 2021 Date of filing/registration in Florida A. Document number Segistered Agent and Registered Office shown on the records of the Florida Dept. of State: 1201 Hayes Street Registered Office Address Tallhassee (b) COGENCY GLOBAL INC. Enter name of NEW Registered Agent and/or NEW Registered Office address: 115 North Calhoun St., Suite 4 NEW Registered Office Address: Tallahassee FL 32301 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 usiness 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. Is Mike Pickles Signature of a member or authorized representative of a member Thereby 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 his document is being filed in writing of his change. Is Timothy Mayville	. ,	Principal office address of limited liability company:		•
3. Date of filing/registration in Florida 4. Document numble 5 5. (a) CORPORATION SERVICE COMPANY Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 1201 Hayes Street Registered Office Address (MUST BE FLORIDA STREET ADDRESS) Tallhassee FL 32301 (b) COGENCY GLOBAL INC. Enter name of NEW Registered Agent and/or NEW Registered Office address: 115 North Calhoun St., Suite 4 NEW Registered Office Address: Tallahassee FL 32301 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. Is Mike Pickles Multhorized Person Signature of a member or authorized representative of a member Printed or typed name of signee Thereby 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. On the first document is being filed to merely reflect a change in the registered agent and complete performance of my duties. On the file of in Chapter 603. F.S. On 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. Is Timothy Mayville		No Change	No Cha	ange
1201 Hayes Street Registered Office Address (MUST BE FLORIDA STREET ADDRESS) Tallhassee ,FL 32301 (b) COGENCY GLOBAL INC. Enter name of NEW Registered Agent and/or NEW Registered Office address: 115 North Calhoun St., Suite 4 NEW Registered Office Address: Tallahassee ,FL 32301 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 gent 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. /s/ Mike Pickles		August 24, 2021		
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1201 Hayes Street Registered Office Address (MUST BE FLORIDA STREET ADDRESS) Tallhassee ,FL 32301 (b) COGENCY GLOBAL INC. Enter name of NEW Registered Agent and/or NEW Registered Office address: 115 North Calhoun St., Suite 4 NEW Registered Office Address: Tallahassee ,FL 32301 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 gent 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. /s/ Mike Pickles	5 (2)	CORPORATION SERVICE COMPANY		
Tallhassee FLORIDA STREET ADDRESS Tallhassee FLORIDA STREET ADDRESS (b) COGENCY GLOBAL INC. Enter name of NEW Registered Agent and/or NEW Registered Office address: 115 North Calhoun St., Suite 4 NEW Registered Office Address: Tallahassee FLORIDA STREET ADDRESS 115 North Calhoun St., Suite 4 NEW Registered Office Address: Tallahassee FLORIDA STREET ADDRESS Tallahassee FLORIDA STREET ADDRESS 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. Is/Mike Pickles Authorized Person Signature of a member or authorized representative of a member 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 603, 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 filis change. Is/ Timothy Mayville	J. (4)	Registered Agent and Registered Office shown on the records of the	he Florida Dept. of St	ate:
Tallhassee		1201 Hayes Street		50 mg
Tallhassee		Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)	\mathbb{R}^{2} ω
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	I here provis the ob to mer notifie	eby accept the appointment as registered agent and agre- tions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided rely reflect a change in the registered office address, I hed in writing of this change.	ee to act in this ca performance of m I for in Chapter of ereby confirm tha	nacity I further agree to comply with the

Timothy Mayville, Assistant Secretary
Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
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