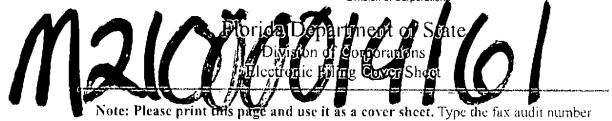
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## LLC REGISTERED AGENT CHANGE INTERSKILL LEARNING (USA), LLC

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T. LEMIEUX JUN 1 2 2023

## 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: INTERSKILL LI	EARNING (US	(A), LLC		
2. (a	11770 HAYNES BRIDGE ROAD	(b) 11770 HAYNES BRIDGE ROAD			
(-	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited li (Note: MAY RE POST C		
	STE 205	ST.	E 205		
	ALPILARETTA, GA 30009-1968	AL	PHARETTA, GA 30009-1968		
	10/25/2021	M21	000014161		
3.	Date of filing/registration in Florida	4.	Document number		
5. (	CORPORATION SERVICE COMPANY				
, (4,	Registered Agent and Registered Office shown on the records of the Florida Dept, of State: 1201 HAYS STREET				
	Registered Office Address	ADDRESS)		e093	
	TALLAHASSEE, FL	32301-2525	<del></del>	', I	
(b)	C T Corporation System			SO TO	
	Enter name of NEW Registered Agent and/or NEW Registered	Office address:		3 1: 08	
	NEW Registered Office Address:				
	1200 South Pine Island Road				
	Plantation , FL	33324			
the cagen was/ the a	limited liability company is not organized under the law hange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited have were authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	f the registered ability compa of the limited limited liabil	d office and the business offic ny, it is hereby confirmed tha liability company or as other ity company.	e of the registered the change(s)	
	nature of a member of authorized representative of a member	JOE DAV	'IS, MANAGER	<del> </del>	
			Printed or typed name of s	-	
погу.	why accept the appointment as registered agent and agrees ions of all statutes relative to the proper and complete bligations of my position as registered agent as provide rely reflect a change in the registered office address. I led in writing of this change.  C T Corporation System  PNI BREX ASSIANT SOFTAN	ree to act in the performance of for in Chap thereby confirmation	nis capacity. I further agree to of my duties, and I am familiater 605, F.S. Or, if this document that the limited liability con	o comply with the ar with and accept nent is being filed npany has been	
Sign:	AN L BAFROX ASSISTANT SECRETARY CAMPAGE (Inter of Registered Agent				

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