## P02000011720

(Requestor's Name)					
(Address)					
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(Cit	ty/State/Zip/Phone	#)			
PICK-UP	WAIT	MAIL			
/D <sub>1</sub>	isiness Entity Nam				
υα)	isiness Endry Nam	ie)			
(Do	cument Number)				
Certified Coples	Certificates	of Status			
Special Instructions to	Filing Officer:				
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Office Use Only

R.A. change

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## **COVER LETTER**

TO: Amen Divisi	dment Section on of Corporations						
SUBJECT:	LAN	IGUAGE PLAYHOL	JSE, INC.				
	(	Name of corporation	on)				
DOCUMENT	NUMBER: P02	000041720					
The enclosed S	Statement of Change of Regis	ered Office/Agent	and fee are submitted for filing.				
Please return a	all correspondence concerning	this matter to the fo	ollowing:				
Stephanie Marie-Therese Harrison-Hojin							
	(1)	ame of contact pers	son)				
		(Firm/Company)					
		(a and company)					
	2938 Spring Hammock Drive						
(Address)							
		Plant City, FL 33566					
_	•	City/state and zip co	de)				
For further inf	ormation concerning this matt	er, please call:					
Stephanie	Marie-Therese Harrison-Hojir	at (8	13 757-9605				
	(Name of contact person)	(A	13 757-9605 Area code & daytime telephone number)				
Enclosed is a \$	335.00 check made payable to	the Department of	State.				
	Mailing Address: Amendment Section Division of Corporat P.O. Box 6327 Tallahassee, FL 323	ions	Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399				

## $\,\,^{\backprime}$ STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

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statement of char	rovisions of sections 607.0502, 617.050 ge is submitted for a corporation organ to change its registered office or regist	nized under the laws of the S	tate of Florida	his 
1. The name of th	e corporation: LANGUAGE PLAYHO	DUSE, INC.		
2. The principal of	4000 Noveldel Dates 6	Suite 3, Tampa, Florida 336	124	
3. The mailing ac	dress (if different):			
4. Date of incorp	oration/qualification: 4/10/2002	Document number: F	202000041720	
5. The name and Florida Depart	street address of the current registered a ment of State:	agent and registered office or	n file with the	
	Melissa A. Andresen			
•	6102 Saint Remy Way			
	Lutz, FL 33558			<u>≥</u> 8
6. The name and (if changed):	street address of the new registered age	ent (if changed) and /or regist	tered office	OCT -7 CRETARY AHASSE
	Stephanie Marie-Therese Harr	ison-Hojin		PM 12: OF ST
	2938 Spring Hammock Drive			STAT
	(P.O. Box NOT acceptable	2)		
	Plant City, FL 33566	<del></del>		
The street address as changed will l	s of its registered office and the street be identical.	t address of the business of	fice of its register	red agent,
Such change was authorized by the	s authorized by resolution duly adopte board, or the corporation has been n	ed by its board of directors of the cha	or by an officer singe.	0
Stop ha	in Itemson Hol	President / Directo (Printed or typed		
I hereby accept to I further agree to of my duties, and document is bein corporation has	he appointment as registered agent at a comply with the provisions of all sta I I am familiar with and accept the ob g filed merely to reflect a change in ti been notified in writing of this change	nd agree to act in this capa tutes relative to the proper ligation of my position as r he registered office address e.	city. and complete per egistered agent. s, I hereby confiri	rformance Or, if this m that the
Stepho	nia Harnson Hoj	(Date	-05-0	5
If signing on bel	alf of an entity:			
	ped or Printed Name)			

\* \* \* FILING FEE: \$35.00 \* \* \*