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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT:	FYI ONLINE, INC.	
	Name of Corporation	
DOCUMENT NUMBER:_	P08000022819	

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

GENTILE, CHRISTOPHER Name of Contact Person

FYI ONLINE, INC.

Firm/Company

9100 W. BAY HARBOR DR., STE 10D

Address

BAY HARBOR ISLAND, FL 33154

City/State and Zip Code

chrisg@fyionlinelearning.com

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

For further information concerning this matter, please call:

GENTILE, CHRISTOPHER
Name of Contact Person

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 60 unge is submitted for a co	orporation organi	zed under the laws of	the State of _	Florida	 -
in orde	r to change its registere	0		the State of Fl	orida.	
1. The name of	the corporation:F	YI ONLINE, IN	1C.	·		
2. The principal	office address: 9100	W. BAY HA	RBOR DR., ST	E 10D		
BAY HA	RBOR ISLAND, F	L 33154				
3. The mailing a	ddress (if different):					
4. Date of incorp	poration/qualification:	03/03/2008	Document numb	er: P08000	022819	
	I street address of the cutment of State: (If resign			ice on file witl	h the	
	GENTILE, CHRIS	STOPHER			4	
	1135 KANE CON	COURSE 41	H FLOOR		17 H	(l)
	BAY HARBOR, F	FL 33154			HAY 22 CRETAR LAHASS	
6. The name and (if changed):	street address of the ne	w registered agent	(if changed) and /or r	egistered offic	and the second	n
	9100 W. BAY HA	ARBOR DR.,	STE 10D		2	
	BAY HARBOR IS	SLAND, FL 33	3154		•	
		P.O. Box NOT a	eceptable			
The street addre	ss of its registered offic be identical.	e and the street ac	dress of the business	office of its	registered age	ent,
Such change was authorized by th	s authorized by resoluti e board, or the corporat	on duly adopted b	y its board of directoried in writing of the	ors or by an of change.	ficer so	
U	Line		PRES.GENTILE	E, CHRIST	FOPHER	
U	e of an officer or director			ed name and title	· · · · · · · · · · · · · · · · · · ·	_
I hereby accept I further agree t performance of agent, Or, if thi hereby confirm	the appointment as region comply with the proving duties, and I am fames socument is being file that the corporation has	istered agent and isions of all statut ailiar with and acc ad merely to reflec s been notified in	agree to act in this co es relative to the prope ept the obligation of t a change in the reg writing of this change	upacity. per and compo my position a istered office e.	lete is registered address, I	
(dr)			05/19/2	2017		
Sign	nature of Registered Agent		Γ	Date		-
If signing on bel	nalf of an entity:					
HRISTOPHEN_G						
Ty	ped or Printed Name					

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

Make checks payable to Florida Department of State
Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314