

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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From:

Account Name : REGISTERED AGENTS INC.

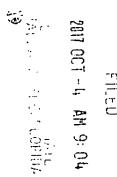
Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

REGISTERED AGENT CHANGE GREAT LEARNINGWORKS, INC.

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Electronic Liling Ment — Corporate Liling Alcon-

Hi, in

C. GOLDEN

OCT - 5 2017

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

statement of cha	inge is submitted for a corporatio.	517.0502, 607.1508, or 617.1508, Floria n organized under the laws of the State o r registered agent, or both, in the State o	⊬ Florida_	
1. The name of	the corporation: GREAT LEARNIN	NGWORKS, INC.		
2. The principal	office address: 4100 SW 28TH W	/AY		
FORT LAUD	ERDALE, FL 33312			
				···
4. Date of incor	poration/qualification: 07/24/2014	4 Document number: P1400	00062328	
	d street address of the current registreet of State: (If resigned, enter	stered agent and registered office on file resigned)	with the	
	CARCAISE, VICKIE		281	
	4100 SW 28TH WAY			- , .
		2		TILED
6. The name and (if changed):	1 street address of the new register	red agent (if changed) and /or registered		€_1
	Northwest Registered	Agent, LLC.	1 70 1 0	
	3030 N. Rocky Point Dr. S	TE 150A		
		Bux NOT acceptable		
	Tampa FL 33607		_	
The street address changed will	ess of its registered office and the be identical.	street address of the business office of	its registered agent.	•
Such change wa authorized by th	as authorized by resolution duly a ne board, or the corporation has b	adopted by its board of directors or by a seen notified in writing of the change.	in officer so	
meet	Durnee'	Miles Dupree, COO		
I further agree : performance of agent. Or, if th	to comply with the provisions of a my duties, and I am familiar with	rent and agree to act in this capacity, all statutes relative to the proper and continued accept the obligation of my position reflect a change in the registered of tifled in writing of this change.	omplete ion as registered	
lon	Glove	10-04-2017		
Sig	nature of Registered Agent	Date		
If signing on be	half of an entity:			
Tom Glove				
T	eped or Printed Name			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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