P21000084086

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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: VENZA LEARNING SOLUTIONS, INC.	
Name of Corporation	
DOCUMENT NUMBER: P21000084086	
The enclosed Statement of Change of Registered Off	ce/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter	er to the following:
Evan T. Gray	
Name of Contact Person	
Wargo, French & Singer LLP	
Firm/Company	
1 Alhambra Plaza Suite 1410	
Address	
Coral Gables, FL 33134	
City/State and Zip Code	
egray@wfslaw.com	
E-mail address: (to be used for future annual repo	ort notification)
For further information concerning this matter, please	e call:
Evan T. Gray	at (305) 777-6055
Name of Contact Person	at (305) 777-6055 Area Code & Daytime Telephone Number
Enclosed is a \$35,00 check made payable to the Depa	urtment of State.
Mailing Address: Amendment Section	Street Address: Amendment Section

Division of Corporations The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E045 (04/13)

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

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

•	•	1502, 607.1508, or 617.1508, Florida Stat ganized under the laws of the State of Flot	•
in orde	r to change its registered office or reg	istered agent, or both, in the State of Flor	ida.
1. The name of t	he corporation: VENZA LEARNING	SOLUTIONS, INC.	
2. The principal	office address: 3 WEST GARDEN STR	REET, SUITE 215-8 PENSACOLA, FL 325	02
3. The mailing a	ddress (if different):		
4. Date of incorp	ooration/qualification:	Document number: P2100008408	86
5. The name and		dagent and registered office on file with t	
	WARGO & FRENCH LLP		
	201 S. BISCAYNE BLVD., SUITE 10	00	
	MIAMI, FL 33131		
6. The name and (if changed):	Wargo, French & Singer LLP	gent (if changed) and /or registered office	23 OC
	1 Alhambra Plaza Suite 1410		721
	Coral Gables, FL 33134	Box NOT acceptable	SAIL STATE
The street addre	ess of its registered office and the stre be identical.	eet address of the business office of its re	gistered agent.
		ted by its board of directors or by an off notified in writing of the change.	icer so
Juff Vanga	•	Jeffrey Venza	
I hereby accept I further agree t of my duties, an document is bei	the appointment as registered agent o comply with the provisions of all st d I am familiar with and accept the ang filed merely to reflect a change in been notified in writing of this change	Printed or typed name and title and agree to act in this capacity, tatutes relative to the proper and comple abligation of my position as registered as the registered office address, I hereby c ge.	ete performanc gent. Or if thi onfirm that the
		10/16/2023	
Sign	nature of Registered Agent	Date	
If signing on be	half of an entity:		
Ty	yped 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
CR2E045 (04/13)