I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

MANAGER

SIGNATURE: BECKY GOTSCH

Electronic Signature of Signing Authorized Person(s) Detail

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

Title	MGRM	Title	MGRM
Name	GOTSCH, BECKY	Name	CANNON, LUCY
Address	9680 PAYNE RD.	Address	401 ENTRADA AVE.
City-State-Zip:	SEBRING FL 33875	City-State-Zip:	SEBRING FL 33875

Entity Name: CHRIST ACADEMY OF HIGHLANDS COUNTY, LLC **Current Principal Place of Business:**

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

503 S O MUL LA OEE DRIVE

DOCUMENT# L12000079708

SEBRING, FL 33870

Current Mailing Address:

503 S O MUL LA OEE DRIVE SEBRING, FL 33870 US

FEI Number: 45-5507106

Name and Address of Current Registered Agent:

SWAINE, ROBERT S 425 SOUTH COMMERCE AVENUE SEBRING, FL 33870 US

CC8057308283

Certificate of Status Desired: No

Date

Date

FILED Jan 08, 2017 Secretary of State

01/08/2017