that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CASARAH HENDERSON

Electronic Signature of Signing Authorized Person(s) Detail

800 W. CENTRAL BLVD ORLANDO,, FL 32805

Current Mailing Address:

800 W. CENTRAL BLVD **ORLANDO.**, FL 32805

FEI Number: NOT APPLICABLE

Name and Address of Current Registered Agent:

HENDERSON, CASARAH M 800 W. CENTRAL BLVD ORLANDO, FL 32805 US

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: CASARAH HENDERSON

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

Title	MGR
Name	HENDERSON, CASARAH M
Address	800 W. CENTRAL BLVD
City-State-Zip:	ORLANDO FL 32805

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

OWNER

03/16/2017

FILED Mar 16, 2017 Secretary of State CC5956155290

03/16/2017 Date

Date

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000183976

Entity Name: LITTLE KINGS & QUEENS LEARNING CENTER 1. L.L.C.

Current Principal Place of Business:

Certificate of Status Desired: No