

3/23/22, 1:55 PM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

M2100005182

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H22000107541 3))



H220001075413ABCW

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (954)208-0845
Fax Number : (614)573-3996

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

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
BRITISH SCHOOLS OF AMERICA, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$55.00

PLEASE HONOR THE ORIGINAL FILING DATE OF 3/23/22, THANK YOU

FILED
APR 19 3:07 PM
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

2022 APR 19 PM 1:29

T. LEMIEUX

Electronic Filing Menu Corporate Filing Menu

APR 20 2022

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of State: BRITISH SCHOOLS OF AMERICA, LLC

Enter new principal office address, if applicable: _____
(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: 1111 Brickell Drive, Suite 2625, Miami, FL 33131
(Mailing address MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M21000005182

3. Jurisdiction of its organization: DE

4. Date authorized to do business in Florida: 04/30/2021

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____
Enter Florida Street Address
_____, Florida _____
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

FILED
2022 APR 19 PM 3:07
SECRETARY OF STATE
TALLAHASSEE
FLORIDA

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Manager	Ann F McPhee	650 Dundee Road, Suite 150	<input type="checkbox"/> Add
		Northbrook, IL 60062	<input checked="" type="checkbox"/> Remove
Manager	Robert Wulls	1111 Brickell Ave, Suite 2625	<input checked="" type="checkbox"/> Add
		Miami, FL 33131	<input type="checkbox"/> Remove
Manager	Andrew Fitzmaurice	4th Floor, 160 Victoria Street	<input checked="" type="checkbox"/> Add
		London, SW1E 5LB, United Kingdom	<input type="checkbox"/> Remove
Manager	Andrew Fitzmaurice	2 Ice House St., Ste. George's Bldg., 12th FL	<input type="checkbox"/> Add
		Central	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Signature of the authorized representative

Andrew Fitzmaurice

Typed or printed name of signee

Filing Fee: \$25.00