## L12000004132

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SECRETARY OF STATE DIVISION OF CORPORATIONS

9-19-13

## **COVER LETTER**

SUBJECT: Achievement Plus Tutoring Services, UC		
Name of Limited Liability Company		
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Spency Name of Person		
Achievetent Plus Tutoring Services, UC		
2401 NW 41 Ave, #307 Address		
Laudethill Fl 33313 City/State and Zip Code		
E-mail address: (to be used for fugure annual report notification)		
For further information concerning this matter, please call:		
Fauth Spencer at (984) 696-5108  Name of Person Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check for the following amount:		

☐ \$55 Filing Fee & Certified Copy

\$25 Filing Fee

\* TO: Registration Section

Division of Corporations

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608. liability company submits the following statement in ordered agent, or both, in the State of Florida.	der to change its registered office or registered
1. Name of the limited liability company:	hievenent Plw Tutoring Sim
2. (a) Principal office address of limited liability compar ( <i>Note: MUST BE STREET ADDRESS</i> )	
(b) Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)	2401 NW 41 AM # 307 Lowdethill Ft 33313
OI/10/2012  3. Date of filing/registration in Florida	<u>L 12 000004132</u> 4. Document number
5. (a) Registered Agent and Registered Office shown or	the records of the Florida Dept. of State:
Registered Agent:	Corporation Service Compa
Registered Office Address:	120'1 Hays Street Tallahassee, Fl 32301
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NI</u> <u>NEW</u> Registered Agent:	EW Registered Office address:  Fath Spences
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Loudeshill ,FL 33313
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be idealiability company, it is hereby confirmed that the change the members of the limited liability company or as otherwise the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member  Printed or typed name of signee  I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pand of the provisions of all statutes relatives of my pand of the provisions of all statutes relatives of my pand of the provisions of the provisi	Florida street address of the registered office ntical. Or, in the case of a Florida limited so was/were authorized by an affirmative vote of vise provided in the articles of organization or the case of act in this capacity. I further agree to
comply with the provisions of all statutes relative to the p and I am familiar with and accept the obligations of my p Chapter 608, F.S. Or, if this document is being filed to m address, I hereby confirm that the limited liability compa	nosition as registered agent as provided for in herely reflect a change in the registered office ny has been notified in writing of this change.