# 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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

#### SIGNATURE: DR. LUCY LAPEKAS

Electronic Signature of Signing Officer/Director Detail

#### DOCUMENT# N0400008360

Entity Name: NATIONAL TUTORING ASSOCIATION, INC.

#### Current Principal Place of Business:

2520 PARKLAND DR. LAKELAND, FL 33811

### **Current Mailing Address:**

PO BOX 6840 LAKELAND, FL 33807

#### FEI Number: 35-2196495

## Name and Address of Current Registered Agent:

LAPEKAS, LUCY DR. 2520 PARKLAND DR. LAKELAND, FL 33811 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	: DR. LUCY LAPEKAS			02/08/2022
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	D	Title	D	
Name	BROWN, ISHMAEL	Name	LAPEKAS, LUCY DR.	
Address	2051 BLYTHEWOOD CROSSING LANE	Address	2520 PARKLAND DR	
City-State-Zip:	# 228 BLYTHEWOOD SC 29016	City-State-Zip: L	LAKELAND FL 33811	
Title Name Address City-State-Zip:	D KAREN, ROYSTER-JAMES 13932 S SAGINAW AVE BURNHAM IL 60633	Title Name Address City-State-Zip:	DIRECTOR DAINGERFIELD, BRANDY DR. 1288 NOR AM RD PIKEVILLE NC 27863	
Title Name Address City-State-Zip:	DIRECTOR WADE, CARMEN DR. P.O. BOX 470132 AURORA FL			

EXECUTIVE DIRECTOR 02/08/2022

Date

## FILED Feb 08, 2022 Secretary of State 2825299152CC

Certificate of Status Desired: No