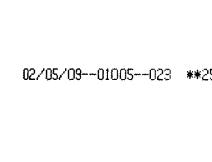
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COVER LETTER

'TO: Registration Section Division of Corporations		
SUBJECT: Mathworks Tutoring, LI (Name	LC e 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 concernin	g this matter to the following:	
H. Michael Mogil (Name of Person)		09 FEB -
Mathworks Tutoring, LLC (Firm/Company)		9 FEB -5 MH H: 35 SECRETARISE OF STATE SECRETARISE OF FLOADS
7765 Preserve Lane - Suite #5		35
(Address)		•
Naples, FL 34119		
(City/State and Zip Code)		
For further information concerning this ma	tter, please call:	
H. Michael Mogil	at (_ 239) 591-2468	•
(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	ing amount:	
2 \$25 Filing Fee	\$55 Filing Fee & Certified Copy	

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. company submits the following statement in order to c in the State of Florida. 	508, Florida Statutes, the undersigned limited liability hange its registered office or registered agent, or both,
1. Name of the limited liability company: Mathwork	s Tutoring, LLC
2. (a) Principal office address of limited liability comp (Note: MUST BE STREET ADDRESS)	nany: 7765 Preserve Lane - Suite #5 Naples, FL 34119
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	7765 Preserve Lane - Suite #5 Naples, FL 34119
2/12/08	L08000015355
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown	on the records of the Florida Dept. of State:
Registered Agent:	United States Corporation Agents, Inc.
Registered Office Address:	13302 Winding Oaks Blvd Suite A-100
	Tampa, FL 33612 (US)
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent:	H. Michael Mogil
NEW Registered Office Address:	7765 Preserve Lane - Suite #5
(MUST BE FLORIDA STREET ADDRESS)	Naples ,FL 34119
If the limited liability company is not organized under that after the change or changes are made, the Florida st office of the registered agent will be identical. Or, in the hereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the article limited liability company. (Signature of a member or authorized representative of a member)	reet address of the registered office and the business; e case of a Florida limited liability company his and do by an affirmative vote of the members of the limited
H. Michael Mogil (Printed or typed name of signee)	<u> </u>
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the am familiar with and accept the obligations of my positions. Or, if this document is being filed to merely reflect confirm that the limited liability company has been noting.	d agree to act in this capacity. I further agree to proper and complete performance of my duties, and I on as registered agent as provided for in Chapter 608

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

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