

08000015355

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(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

EXAMINER

FEB - 6 2009

M. THOMAS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Mathworks Tutoring, LLC
(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:

H. Michael Mogil
(Name of Person)

Mathworks Tutoring, LLC
(Firm/Company)

7765 Preserve Lane - Suite #5
(Address)

Naples, FL 34119
(City/State and Zip Code)

For further information concerning this matter, 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 amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: Mathworks Tutoring, LLC

2. (a) Principal office address of limited liability company: 7765 Preserve Lane - Suite #5
(Note: **MUST BE STREET ADDRESS**) Naples, FL 34119

(b) Mailing address of limited liability company: 7765 Preserve Lane - Suite #5
(Note: **MAY BE POST OFFICE BOX**) Naples, FL 34119

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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 **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW 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 the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, this hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.


(Signature of a member or authorized representative of a member)

H. Michael Mogil

(Printed or typed name of signer)

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 608, 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.


(Signature of Registered Agent)

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