## L110000005156

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
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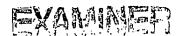
07/19/11--01030--020 \*\*35.00

08/11/11--01001--018 \*\*20.00

11 AUG 10 AM (Nº 57

SECRETARY OF STATE DIVISION OF CORPORATION





## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Around the Clock Tutoring, L 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:
Lésar Florian Name of Person
Around the Clock Tutoring LLC Firm/Company
6125 SW 48th Ct. Apt. 2
Davie, FL 333141 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Lésar Florian a1 (754) 816-0186
Name of Person Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: MAILING ADDRESS:
Registration Section Registration Section Division of Corporations Division of Corporations
Division of Corporations  Clifton Building  Division of Corporations  P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301
Enclosed is a check for the following amount:
\$25 Filing Fee & Certified Copy



RECEIVED

11 AUG 10 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

July 20, 2011

CESAR FLORIAN 6125 SW 48 CT APT 2 DAVIE, FL 33314

SUBJECT: AROUND THE CLOCK TUTORING, LLC

Ref. Number: L11000005156

We have received your document for AROUND THE CLOCK TUTORING, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 611A00017190

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

Pursuant to the provisions of sections 608.416 or 608.5 liability company submits the following statement in order agent, or both, in the State of Florida.	08, Florida Statutes, the undersigned limited er to change its registered office or registered	
1. Name of the limited liability company: Around		
2. (a) Principal office address of limited liability company	6125 SW 48th Ct. Apt.	
(Note: MUST BE STREET ADDRESS)	Davie, FL 33314	
(b) Mailing address of limited liability company:	6125 SW 48th 6t. Apt.	
(Note: MAY BE POST OFFICE BOX)	Davie, FL 33314	
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:	CORPORATION SERVICE COMPANY	
Registered Office Address:	1201 HAYS ST. TALLAHASSEE, FL 32301 US	
, <b>14</b>	Mmnyton, DE 19808	
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:		
NEW Registered Agent:	Cesar Morian	
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	16125 SW 43th Ct. Apt. 2 Davie FL 33314	
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or 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 a	lorida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative very wise provided in the articles of organization.  OF CORPORATION OF STAIL THE CORPOR	
comply with the provisions of all statutes relative to the pro and I am familiar with and accept the obligations of my po Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company	sper and complete performance of my duties.  sition as registered agent as provided for in  rely reflect a change in the registered office  has been notified in writing of this change.	

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

Signature of Registered Agent

Florin