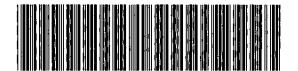
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| (Business Entity Name) | | |
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| Certified Copies | _ Certificates | s of Status |
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| Special Instructions to Filing Officer: | | |
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Office Use Only



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SECRETARY OF STATE TALLAHASSEE, FLORIDA

COVER LETTER

| Division of Corporations | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| SUBJECT: | Tutor and Teacher LLC |
| | Name of Limited Liability Company |
| Dear Sir or Madam: | |
| The enclosed Registered Agent/R | Registered Office Change and fee(s) are submitted for filing. |
| Please return all correspondence | concerning this matter to the following: |
| Tiffany l | |
| Name of Perso | |
| Tutor and Teac | |
| 201 Owens Aven | ue Suite A |
| Address | |
| Saint Augustine, City/State and Zip | |
| emailmslo@gr E-mail address: (to be used for future | nail.com |
| For further information concerning | |
| Tiffany Lo | at (904) 4715004 |
| Name of Person | Area Code & Daytime Telephone Number |
| STREET/COURIER ADD Registration Section Division of Corporations Clifton Building 2661 Executive Center Circl Tallahassee, Florida 32301 | Registration Section Division of Corporations P.O. Box 6327 |
| Enclosed is a check for t | he following amount: |
| \$25 Filing Fee | \$55 Filing Fee & Certified Copy |

TO: Registration Section

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.

| Name of the limited liability company: | Tutor and Teacher LLC | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 2. (a) Principal office address of limited liability company | 201 Owens Avenue Suite A | |
| (Note: MUST BE STREET ADDRESS) | Saint Augustine, FL 32080 | |
| (b) Mailing address of limited liability company: | Same as above | |
| (Note: MAY BE POST OFFICE BOX) | | |
| 06/19/12 | L12000081093 | |
| 3. Date of filing/registration in Florida | Document number | |
| 5. (a) Registered Agent and Registered Office shown on | the records of the Florida Dept. of State: | |
| Registered Agent: | Tiffany Lo | |
| Registered Office Address: | 4942 Medoras Avenue | |
| | Saint Augustine, FL 32080 | |
| (b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> : NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | Tiffany Lo 201 Owens Avenue Suite A | |
| | Saint Augustine ≱⊈FL 32080 | |
| If the limited liability company is not organized under the l confirmed that after the change or changes are made, the Fl 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 Tiffany Lo | lorida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization | |
| Printed or typed name of signee | . | |
| I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the provisions of all statutes relative to the provision of and I am familiar with and accept the obligations of my po. Chapter 608, 178. On if this document is being filed to me address I hereby confirm that the limited liability company | gree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office v has been notified in writing of this change. | |
| Division of Cornerations P.O. Rev 63 | 77 Tallahassen FL 32314 | |

FILING FEE: \$25.00