## Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

(1)

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062

Phone : (323) 962-8600

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## LLC REGISTERED AGENT CHANGE TUTOR AND TEACHER LLC

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Estimated Charge	\$55.00

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.

i. Ni	arne of the limited liability company: TUTOR ANI	D TEAC	HER LLC				
2. (a)	ADA2 Madaras Ave		4942 Med	doras Ave.			
21 (4)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  Saint Augustine, FL 32080		Ma	Mailing address of limited liability company. (Note: MAY 86 POST OF FICE BOX)			
			Saint Augustine, FL 32080				
	06/19/2012		L1200008	1093			
3.	Date of filing/registration in Florida	4.	I	Document number			
5. (a)	Tiffany A. Lo			_			
5. (u)	Registered Agent and Registered Office shown on the records of	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:					
	4942 Medoras Ave.						
	Registered Office Adulters (MUST BE FLORIDA STREET	1	18 OS				
	Saint Augustine FL 32080			FIL 30 8 OCT 23 PM 12: 30 FALL AID: ALE TIL GALDA			
753	UNITED STATES CORPORATION AGENTS, INC.			第 星 二			
(b)	Enter name of NEW Registered Agent and/or NEW Registere	dress:	12: 12:				
	13302 WINDING OAK COURT, SUITE A		PH 12: 30				
	NEW Registered Office Address:			_			
	TAMPA, F	33612	2				
signation of the oblination of	mited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited re authorized by an affirmative vote of the member cles of organization or the operating agreement of the organization of multiple of the proper and complete the appointment as registered agent and complete or all statutes relative to the proper and complete gations of my position as registered agent as proving reflect a change in the registered office address, in writing of this change.  CHEYENNE MOSELEY, ASSISTANT SECRET STATES CORPORATION AGENTS, INC.	liability is of the limited th	company, it mited liability co ffany A. Lunct in this camance of min Chapter 6 confirm the	is hereby confirmed that the change(s) ity company or as otherwise provided in mpany.  O  Printed or typed name of signee			
Signatur	of Registered Agent			inssee. FL 32314			

Division of Corporations P.O. Box 6327 Tallahussee, FL 32314 FILING FEE: S25.00