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(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

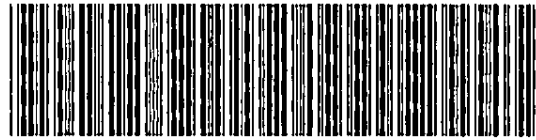
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2022 JAN -3 PM 5:58  
SECRETARY  
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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 2, 2021

TIFFANY LO  
138 SEAGROVE MAIN ST. 840234  
ST. AUGUSTINE, FL 32080

SUBJECT: TUTOR AND TEACHER LLC  
Ref. Number: L12000081093

Rec.  
11/3/22

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent must sign accepting the designation.

The person designated as registered agent in the document and the person signing as registered agent must be the same.

Please return 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) 245-6050.

Querida R Silas  
Regulatory Specialist II

Letter Number: 721A00028963

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Tutor and Teacher 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:

Tiffany Lo  
Name of Person

Tutor and Teacher LLC  
Firm/Company

138 Seagrove Main St. 840234  
Address

St. Augustine, FL 32080  
City/State and Zip Code

TLOEMAIL@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tiffany Lo at ( 904 ) 806-1859  
Name of Person Area Code & Daytime Telephone Number

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☒ \$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 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.*

1. Name of the limited liability company: Tutor and Teacher LLC
2. (a) 4942 Medoras Ave.  
Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)  
St. Augustine, FL 32080
- (b) 138 Seagrove Main St. 840234  
Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)  
St. Augustine, FL 32080

3. 6/19/12  
Date of filing/registration in Florida
4. L12000081093  
Document number

5. (a) United States Corporation Agents, Inc.  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

3302 Winding Oak Court Suite A  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
Tampa, FL 33612

- (b) Registered Agents Inc.  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

7901 4<sup>th</sup> St. N, Suite 300  
**NEW Registered Office Address:**

St. Petersburg, FL 33702

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, it is 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]  
Signature of a member or authorized representative of a member

TIFFANY LO  
Printed or typed name of signee

*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 605, 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]  
Signature of Registered Agent

**FILED**  
2022 JAN -3 PM 5:58  
SECRETARY OF STATE  
TALLAHASSEE, FL