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SECRETARY OF STATE
TAILANASSEE, FLORIDA

NOV 24 2015 S. YOUNG

COVER LETTER

Division of Corporations			
SUBJECT: FLA Tutoring, LLC Name of Limited Liability Company			
- 0			
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:			
Jaime Roocle-Sherman, Esq. Name of Person			
FLA Tutoring, LLC Firm/Company			
Address Royal Ralm Beach FL 334/4 City/State and Zip Code			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Jaime Roocle-Sherman, Egiat (7)7) 209-1622 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:			

□ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

\$25 Filing Fee

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

Pursua submits Florida	nt to the provisions of sections 605.0114 or 605.0116, Florida Status the following statement in order to change its registered office	ites, the undersigned limited liability company or registered agent, or both, in the State of
1 10/144	7/1/1.	110
1. Na	me of the limited liability company:	ng CC
2. (a)	11150 Alameda Bay Ct. (b) 6	550 Christian Dr. 4103
2. (a)	Principal office address of limited liability company:	Mailing address of limited liability company:
	(Note: MUST BE STREET ADDRESS)	(Note: MAY BE POST OFFICE BOX)
	Hellington HC 33414 K	oval Pola Beach FL 334
		The part of the pa
	<u> </u>	
3.	Date of filing/registration in Florida 4.	Document number
5. (a)	Daine L'Roocle-Sherman	-1.2
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept.	of State:
	THEN AL ER OF	至
	11/50 Maneda /Say CT.	— <u>55</u> 2 F
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	SEC 3 E
	Wellington, FC 53919	
	, FL	93 F
		—— AF #6
(b)	Daine Koocke-Sherman, E.	<u>59,</u>
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :	-
	680 Christina Dr. #103	
•	NEW Registered Office Address:	
	7	
	Koyal Palm Beach, FL 339	14
If the li	mited liability company is not organized under the laws of the State	
the cha	nge or changes are made, the Florida street address of the registered	office and the business office of the registered
agent w	vill be identical. Or, in the case of a Florida limited liability companere authorized) by an affirmative vote of the members of the limited li	y, it is hereby confirmed that the change(s)
the arti	cles of organization or the operating agreement of the limited lightlit	W.company
	At more Jain	Printed or typed name of signee
Signat	ure of a member or authorized representative of a member	Printed or typed name of signee
heret	by accept the appointment as registered agent and agree to act in thi	s capacity. I further agree to comply with the
provisi the obli	by accept the appointment as registered agent and agree to act in this ons of all statutes relative to the proper and complete performance of igations of my position as registered agent as provided for in Chapte by reflect a change in the registered office address, I hereby confirm	of mŷ duties, and I am Jamiliar with and accept er 605, F.S. Or, if this document is being filed a that the limited liability company has been
notified	in yntingfof this change.	
<u>a,</u>		
Signatur	e of Registered Agent	
\	Division of Corporations ◆ P.O. Box 6327 • Tal FILING FEE: \$25.00	llahassee, FL 32314