

L14000/66482

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

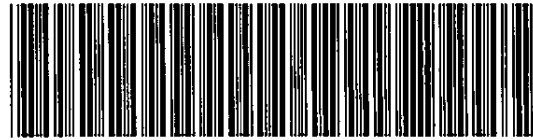
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900291653489

10/31/16--01034--004 **25.00

FILED
16 OCT 31 PM 4:05
DIVISION OF CORPORATIONS

O SIMMONS

NOV 01 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Nature Coast Tutoring, 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:

Bill Havre

Name of Person

Registered Agents, Inc.

Firm/Company

3030 N. Rocky Point Drive, Suite 150A

Address

Tampa, Fl. 33067

City/State and Zip Code

agent@floridaregisteredagent.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christine King at (352) 345-5736
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:

☒ \$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: Nature Coast Tutoring, LLC

2. (a) 5186 Florentine Ct. Spring Hill, Fl. 34608 (b) PO Box 6808 Spring Hill, Fl. 34611
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

3. October 27, 2014 4. L14000166482
Date of filing/registration in Florida Document number

5. (a) Diane E Kalinowski
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

INCORP Services, Inc.
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
17888 67th Court North
Loxahatchee, FL 33470

(b) Bill Havre
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

REGISTERED AGENTS INC.
NEW Registered Office Address:
3030 N. Rocky Point Drive, STE 150A
Tampa, FL 33607

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.

Christine King Christine King
Signature of a member or authorized representative of a member Printed or typed name of signer

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.

Bill Havre Bill Havre/Assistant Secretary
Signature of Registered Agent

FILED
16 OCT 31 PM 4:05
DIVISION OF CORPORATIONS