

L15000 17 2227

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

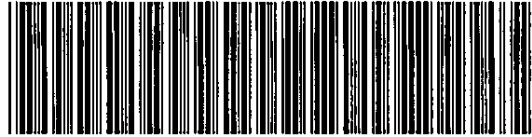
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TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2016 JUL -5 PM 2:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

June 23, 2016

OSCAR ROJAS
14952 SW 29TH TERRACE
MIAMI, FL 33185

SUBJECT: EXPAND YOUR MIND TUTORING SERVICES, LLC
Ref. Number: L15000172227

We have received your document for EXPAND YOUR MIND TUTORING SERVICES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

The registered agent must sign accepting the designation.

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) 245-6051.

Dionne M Scott
Regulatory Specialist II

Letter Number: 316A00013305

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16 JUL -5 AM 10:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Expand Your Mind Tutoring Services, 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:

Oscar Rojas

Name of Person

Expand Your Mind Tutoring Services, LLC

Firm/Company

14952 SW 29TH TERRACE

Address

MIAMI, FL 33185

City/State and Zip Code

orojas823@gmail.com

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

For further information concerning this matter, please call:

Oscar Rojas

at (786)

539-8364

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

FILED
16 JUL 25 AM 10:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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: Expand Your Mind Tutoring Services, LLC
2. (a) 14952 SW 29TH TERRACE (b) 14952 SW 29TH TERRACE

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

MIAMI, FL 33185

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

MIAMI, FL 33185

04/26/2016

3. Date of filing/registration in Florida

L15000172227

4. Document number

5. (a) INCORP SERVICES, INC

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

17888 67TH COURT NORTH

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

LOXAHATCHEE, FL 33470

- (b) Oscar Rojas

Enter name of NEW Registered Agent and/or NEW Registered Office address:

14952 SW 29TH TERRACE

NEW Registered Office Address:

MIAMI, FL 33185

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.

Oscar Rojas
Signature of a member or authorized representative of a member

Oscar Rojas
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.

Oscar Rojas
Signature of Registered Agent

FILED
16 JUL 25 AM 10:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA