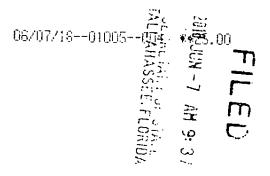
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(Requestor's Name)							
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PICK-UP WAIT MAIL							
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COVER LETTER

Division of Corporations						
A+ Literacy Consulting, LLC SUBJECT:						
	Limited Liability Company					
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Office C	hange and fee(s) are submitted for filing.					
Please return all correspondence concerning this ma	tter to the following:					
Julie Anne Taylor						
Name of Person						
A+ Literacy Consulting, LLC						
Firm/Company						
3444 Fox Hunt Dr						
Address						
Palm Harbor, FL 34683						
City/State and Zip Code						
julesalls@yahoo.com						
E-mail address: (to be used for future annual re	eport notification)					
For further information concerning this matter, pleas	se call:					
Julie Anne Taylor	727 307-8630xx					
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.	Na	me of the limited liability company: A+ Literacy (Consultir	ng, LLC				
?	(a)	3444 Fox Hunt Dr	(h	(b) 3444 Fox Hunt Dr				
	(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0	M	ailing address of l (Note: MAY BE			•
		Palm Harbor, FL 34683		Palm Har	bor, FL 3468	33		
		November 18, 2015		L15000193	3244			
3.		Date of filing/registration in Florida	4.	1	Document num	ber	.,	
5.	(a)	Julie A. Allsworth				<u> </u>	1011	
. (.	()	Registered Agent and Registered Office shown on the records of the Florida Dept, of State: 3444 Fox Hunt Dr				LAHAS	- NOF	7
		Registered Office Address (MUST BE FLORIDA STREET	ADDRESS	DDRESS)				<u>m</u>
		Palm Harbor . FI	34683			E FLORID	ဖွဲ့ ယ	
(1	(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> (same address) <u>NEW Registered Office Address:</u>	d Office add	dress [.]				
		, FI	I					
the age was	cha nt v s/we	mited liability company is not organized under the lange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited light authorized by an affirmative vote of the members cles of organization or the operating agreement of the	f the regis iability co of the lim a limited l	tered office a mpany, it is l ited liability	and the busines hereby confirm company or as pany.	ss office a	of the re he chan	egistered ge(s)
S	igna	ue of a member or authorized representative of a member			Printed or typed n	ame of sign	nee	
prothe to i	visi obli nere ified	ov accept the appointment as registered agent and agens of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address, I in writing of this change.	e performe ed for in C	ince of my di Thapter 605.	uties, ånd Lam F.SOr. if this	Familiar 8 docume	with an nt is be	d accept ing filed