

L16000126436

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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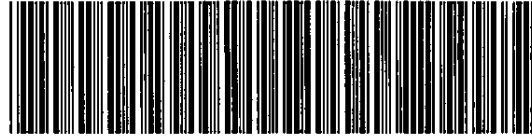
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: INNOVATIVE TEACHING EDGE, 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:

C P BUFFINGTON

Name of Person

INNOVATIVE TEACHING EDGE, LLC.

Firm/Company

18245 THORNHILL GRANDE CIRCLE

Address

ORLANDO, FL 32820

City/State and Zip Code

CNPAVLIK@MSN.COM

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

For further information concerning this matter, please call:

C P BUFFINGTON

at (407)

802-8608

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

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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: INNOVATIVE TEACHING EDGE, LLC.

2. (a) INNOVATIVE TEACHING EDGE, LLC. (b) INNOVATIVE TEACHING EDGE, LLC.

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

1170 POST LAKE PLACE #200

APOPKA, FL 32703-2915

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

06/30/2016

L16000126436

3. Date of filing/registration in Florida

4. Document number

5. (a) INNOVATIVE TEACHING EDGE, LLC.

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

J NORMAN STAUF

Registered Office Address (**MUST BE FLORIDA STREET ADDRESS**)

1170 POST LAKE PLACE #200

APOPKA, FL 32703-2915

(b) INNOVATIVE TEACHING EDGE, LLC.

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

C P BUFFINGTON

NEW Registered Office Address:

18245 THORNHILL GRANDE CIRCLE

ORLANDO, FL 32820

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

C P BUFFINGTON
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

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00

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