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(Address)	
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(City/State/Zip/Phone #)	
(Business Entity Name)	
(Document Number)	
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Ra Office Change

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PORATIONS.

COVER LETTER

TO: Registration Section Division of Corporations

FloridaTutoringNetwork

Name of Limited Liability Company

Dear Sir or Madam:

SUBJECT:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Melissa Morton

Name of Person

FloridaTutoringNetwork

Firm/Company

2000 PGA BLVD STE 4440

Address

Palm Beach Gardens FL 33408

City/State and Zip Code

melissa@floridatutoringnetwork.com

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

For further information concerning this matter, please call:

Melissa Morton	561 9358688
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	
Enclosed is a check for the following a	amount:
☑ \$25 Filing Fee	\$55 Filing Fee & Certified Copy

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

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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.

. Na	me of the limited liability company:	utoringNetwork		
. (a)	2000 PGA BLVD STE 4440	(b) 2000 (PGA BLVD STE 4440	
χ, γ	Principal office address of limited liability compa (<u>Note: MUST BE STREET ADDRESS</u>)		Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)	
	PALM BEACH GARDENS FL 33408	PALM	BEACH GARDENS FL	
	06/05/2019	L.19000	149373	
	Date of filing/registration in Florida	4.	Document number	
. (a)	Registered Agent and Registered Office shown on the rec MELISSA MORTON	ords of the Florida Dept. of S	late:	
	Registered Office Address(MUST BE FLORIDA ST401 W ATLANTIC AVENUE STE 09	<u>REET ADDRESS)</u>		
	DELRAY BEACH	, FL33444		
(h)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Reg</u>	uistered Office address:		ন্দ্র
	MELISSA MORTON			SECRET
	NEW Registered Office Address:		<u> </u>	— <u>m</u> ≥-
	2000 PGA BLVD STE 4440			9 PN CORF
	PALM BEACH GARDENS			PORATIC PORATIC H 2: 30

was/were authorized by an affirmative vote of the members of the articles of organization or the operating agreement of the	of the limited liability company or as otherwise provided in
Anto	MELISSA MORTON
Signature of a member or authorized representative of a member	Printed or typed name of signee
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complete the obligations of my position as registered agent as provide to merely reflect a change in the registered office address. I notified in section of this change.	ree to act in this capacity. I further agree to comply with the performance of my dutics, and I am familiar with and accept d for in Chapter 605, F.S. Or, if this document is being filed hereby confirm that the limited liability company has been

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Signature of Registered Agent