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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

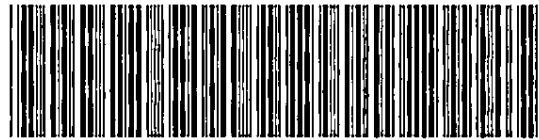
(Business Entity Name)

(Document Number)

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ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ACADEMIC TRAINING & CONSULTING GROUP, 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:

NERINA SMART, PA

Name of Person

THE LAW OFFICES OF NERINA SMART, PA

Firm/Company

261 N. UNIVERSITY DR, SUITE 500

Address

PLANTATION, FL 33326

City/State and Zip Code

SMBINGHAM1@OUTLOOK.COM

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

For further information concerning this matter, please call:

STEPHANIE BINGHAM

954

435-7101

at ()

Name of Person

Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 24, 2021

ANDREA TARUD 2ND MAILING
THE LAW OFFICE OF NERINA SMART, PA
261 N. UNIVERSITY DRIVE - STE. 500
PLANTATION, FL 33324

SUBJECT: ACADEMIC TRAINING & CONSULTING GROUP, L.L.C.
Ref. Number: L19000180183

We have received your document for ACADEMIC TRAINING & CONSULTING GROUP, L.L.C. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Profit Corporation, but your entity is a Limited Liability Corporation. Please complete and return the enclosed blank form(s).

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) 245-6050.

Irene Albritton
Regulatory Specialist III

Letter Number: 021A00022988



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 23, 2021

STEPHANIE BINGHAM
304 INDIAN TRACE #225
WESTON, FL 33326

SUBJECT: ACADEMIC TRAINING & CONSULTING GROUP, L.L.C.
Ref. Number: L19000180183

We have received your document for ACADEMIC TRAINING & CONSULTING GROUP, L.L.C. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist III

Letter Number: 021A00022988

**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: ACADEMIC TRAINING & CONSULTING GROUP, LLC

2. (a) 304 Indian Trace #225 (b) 304 Indian Trace #225

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: MUST BE STREET ADDRESS)

(Note: MAY BE POST OFFICE BOX)

Weston, FL 33326

Weston, FL 33326

07/12/2019

L19000180183

3. Date of filing/registration in Florida

4. Document number

5. (a) Nerina Smart, P.A.

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

7860 Peters Road

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Building F-Suite 104

Plantation, FL 33324

(b) Nerina Smart, P.A.

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

261 N. University Drive

NEW Registered Office Address:

Suite 500

Plantation, FL 33324

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.

Stephanie Bingham
Signature of a member representative of a member

Stephanie Bingham

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 of Registered Agent

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

2021 JUL 10 AM 8:05