L214

Division of Corporations Electronic Filing Cover Sheet

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(((H22000377670 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

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Account Name : INCFILE.COM LLC Account Number : I20220000070 Phone : (888)462-3453

Fax Number : (877)919-2613

Enter the email address for this business entity to be used for futur annual report mailings. Enter only one email address please.

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LLC REGISTERED AGENT CHANGE SALVATION TUTOR LLC

Certificate of Status	0	
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Page Count	02	
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COVER LETTER

Division of Corporations		
SALVATION TUTOR LLC SUBJECT:		
Name of	Limited	1 Liability Company
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office C	hange a	and fee(s) are submitted for filing.
Please return all correspondence concerning this ma	atter to t	he following:
LOVETTE DOBSON		
Name of Person		
INCFILE.COM LLC		
Firm/Company		
17350 STATE HWY 249 #220		
Address		
HOUSTON, TEXAS 77064		
City/State and Zip Code		
EFILE:234@INCFILE.COM		
E-mail address: (to be used for future annual	report no	otification)
For further information concerning this matter, plea	ise call:	
LOVETTE DOBSON	888 it (462-3453
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 am	ount:	
■ \$25 Filing Fee	0	\$55 Filing Fee & Certified Copy
INHS18 (2/14)		(((H22000377670 3)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY (((H22000377670 3)))

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.

. (a)	Principal office address of limited liability company:	(t	o)		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited li (Note: MAY BE POST C	
	18551 ATLANTIC BLVD		18551 AT	LANTIC BLVD	
	SUNNY ISLES BEACH, FL 33160	_ 	SUNNY I	SLES BEACH, FL 33160)
	08/31/2021		L21000389	087	
	Date of filing/registration in Florida	4.		Document number	
. (a)				_	
. (4)	Registered Agent and Registered Office shown on the records of	the Florida	a Dept. of Sta	ic:	~ `
	LEGALINC CORPORATE SERVICES INC.				! 022
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES	<u>2)</u>		AON 2802
	476 RIVERSIDE AVE.				
	JACKSONVILLE, FI				7 650 450 11 11 11 11 11 11 11 11 11 11 11 11 11
					日 日本語: AM II:27
(b)				_	27
	Enter name of NEW Registered Agent and/or NEW Registered	d Office ac	<u>idress</u> :		
	Sebastian Lozano				
	NEW Registered Office Address:			_	
	18551 Atlantic Blvd			-	
	Sunny Isles Beach . FI	L 33160			
hange gent vas/w he art	limited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited litere authorized by an affirmative vote of the members icles of organization or the operating agreement of the wastern with the limited literature.	e register ability co of the lin climited	ed office a ompany, it nited liabili	nd the business office of is hereby confirmed that the company or as other mpany.	f the registered it the change(s) wise provided in
-	thy accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I	ree to ac	t in this cap	pacity. I further agree t	o comply with the