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| (Requestor's Name) | | |
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| (Address) | | |
| (Address) | | |
| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | ısiness Entity Nan | ne) |
| (Document Number) | | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to Filing Officer: | | |
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COVER LETTER

Registration Section

TO:

| Division of Corporations | |
|--|---|
| SUBJECT: YourChoiceTutor, L | imited Liability Corporation |
| Name of Limited | d 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 m | atter to the following: |
| Celia Sloan | |
| Name of Person | |
| YourChoiceTutor, Limited Liability Corpora | ation |
| 17 Galway Drive | |
| Address | |
| Mendham, NJ 07945 City/State and Zip Code | |
| yourchoicetutor@gmail.com E-mail address: (to be used for future annual report notification | 200) |
| For further information concerning this matter, plea | |
| Celia Sloan at (| 866) 686-6477 ext. 502 |
| 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 amo | ount: |
| \$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 608.416 or 608.508, 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.

| Name of the limited liability company: | YourChoiceTutor Limited Liabilit |
|--|--|
| 2. (a) Principal office address of limited liability compa | ny: |
| (Note: MUST BE STREET ADDRESS) | |
| (b) Mailing address of limited liability company: | 17 Galway Drive, |
| (Note: MAY BE POST OFFICE BOX) | mendhan, N + 07945 |
| 24 Januar 2010 | M 1/000000 301 |
| 3. Date of filing/registration in Florida | 4. Document number |
| 5. (a) Registered Agent and Registered Office shown or | n the records of the Florida Dept. of State: |
| Registered Agent: | Seaschard Yvonne Grant |
| Registered Office Address: | D691 N. Kentale Drive |
| (b) Enter name of <u>NEW Registered Agent</u> and/or <u>NI</u> | EW Registered Office address: |
| NEW Registered Agent: | Oran Gran |
| NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | 10691 N. Kendall Drive |
| | ,FL 37176 |
| f the limited liability company is not organized under the confirmed that after the change or changes are made, the und the business office of the registered agent will be identiability company, it is hereby confirmed that the change of the members of the limited liability company or as other the operating agreement of the limited liability company | Florida street address of the registered office ntical. Or, in the case of a Florida mitetion s) was/were authorized by an affirmative of the erwise provided in the articles of office nization by. |
| ignature of a hember brauthorized representative of a member | OF STATE RPORATION |
| Printed or typed name disignee I hereby accept the appointment as registered agent and somply with the provisions of all statutes relative to the prind I am familiar with and accept the obligations of my prince to the provisions of the prince of the pri | agree to act in this capacity. I further agree to roper and complete performance of my duties, within as registered agent as produced for in erely reflect a change in the registered office ny has been notified in writing of this change. |