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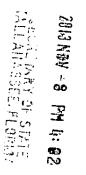
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October 4, 2013

CELIA SLOAN 17 GALWAY DRIVE MENDHAM, NJ 07945

SUBJECT: YOURCHOICETUTOR LIMITED LIABILITY COMPANY

Ref. Number: M11000000301

We have received your document for YOURCHOICETUTOR LIMITED LIABILITY COMPANY and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

SECTION 5B MUST BE COMPLETED AND SIGNED BY THE NEW REGISTERED AGENT.

Please return your document, along with a copy of this letter, within 60 days of your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Agnes Lunt Regulatory Specialist II

Letter Number: 113A00023371

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Name of Lim	mild Lability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	ce Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	s matter to the following:
Name of Person Yar Chace Tulk, Limited Le Firm/Company 17 Gralung Drive Address Medhan, NJ 7945 City/State and Zip Code E-mail address: (to be used for future annual report notification concerning this matter,	Cation)
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 a	imount:
\$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 608.5 liability company submits the following statement in orde agent, or both, in the State of Florida.	r to change its registered office or registered
1. Name of the limited liability company: Yor C	hola Tutor
2. (a) Principal office address of limited liability company (<i>Note: MUST BE STREET ADDRESS</i>)	17254 SW 92 MANCE
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	merchan, pis offyi
3. Date of filing/registration in Florida	M. 11 0 00 000 3 01 4. Document number
5. (a) Registered Agent and Registered Office shown on the	5 A 201
Registered Agent:	E Grant Dran Grant
Registered Office Address:	1069/ N. Kemall - 33170
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> :	Yvame Grant ==
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1725Y dw 920 Ave 17
If the limited liability company is not organized under the longitude that after the change or changes are made, the Fl and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) the members of the limited liability company or as otherwithe operating agreement of the limited liability company.	lorida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote of
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 a comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my po Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability compan	gree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office y has been notified in writing of this change.
Signature of Registered Agent Division of Corporations, P.O. Box 63	27 Tallahassee FL 32314
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FILING FEE: \$25.00