

MI1000000301

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

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

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DIVISION OF STATE
ADMINISTRATIVE SERVICES
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Your Choice Tutor, Limited Liability Company
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:

Celia Sloan
Name of Person

Your Choice Tutor, Limited Liability Company
Firm/Company

17 Galaxy Drive
Address

Mendham, NJ 07945
City/State and Zip Code

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

For further information concerning this matter, please call:

Name of Person at (_____) _____
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 amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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2013 NOV - 8 PM 4:02
TALLAHASSEE, FLORIDA

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.

1. Name of the limited liability company: Year Choice Tutor

2. (a) Principal office address of limited liability company: 17254 SW 92nd Ave
(Note: **MUST BE STREET ADDRESS**) MIAMI, FL 33157

(b) Mailing address of limited liability company: 17 Galaxy Drive
(Note: **MAY BE POST OFFICE BOX**) MEDFORD, NJ 07641

24 - Jan 2011
3. Date of filing/registration in Florida

MI 000000 301
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

Grant Oran Grant

Registered Office Address:

10691 N. Kendall Dr
MIAMI, FL 33176

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent:

Grant Oran Grant

NEW Registered Office Address:

(**MUST BE FLORIDA STREET ADDRESS**)

17254 SW 92nd Ave

MIAMI, FL 33157

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.

Signature of a member or authorized representative of a member

Celia Sloan

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 608, 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