Division of Corporations



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(((H20000081557 3)))



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	Division of Corporations		
	Fax Number	: (850)617-6383	5-32 - 7-1
From:			` <i>:</i> _
	Account Name	: REGISTERED AGENT SOLUTIONS INC	
	Account Number	: I20100000062	٠.
	Phone	: (888)705-7274	٤.
	Fax Number	: (888)706-7274	11 (.)-
Enter an	the email addres	s for this business entity to be used foings. Enter only one email address please	r future

LLC REGISTERED AGENT CHANGE APPELROUTH TUTORING SERVICES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

MAR 1 2 2020

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Help

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Appelrouth Tutoring Services, 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:

Margot Mullin	
Name of Person	
Registered Agent Solutions, Inc.	
Firm/Company	
1701 Directors Blvd, Suite 300	
Address	
Austin, TX 78744	
City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
E-mail address: (to be used for future and	nual report notification)
For further information concerning this matter	, please call:
Margot Mullin	888 705-7274
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	
Enclosed is a check for the following	g amount:
□ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy
INHS18 (2/14)	

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 affice or registered agent, or both, in the State of Florida.

1. Na	ume of the limited liability company: Appelrout	th Tutor	ing Services, L	LC
2. (a)		(b)		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liab (Note: MAY BE POST OF	
	2108 BRIARCLIFF ROAD NE 3rd Floor	PO		<u> </u>
	ATLANTA, GA 30329	ATI	LANTA, GA 30	324
	4/11/2017	M17	7000003168	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	CT CORPORATION SYSTE	M	,)	2
(,	Registered Agent and Registered Office shown on the records of the	e Florida Dept. of	State:	020
	1200 SOUTH PINE ISLAND	ROAD	State:	1020 HAR
	Registered Office Address (MUST BE FLORIDA STREET AL	DRESS)		رين مصافح سب
	PLANTATION 51 3	33324	normanian (C)	
	, PL	······································		CU CO
(b)	Registered Agent Solutions, I	Inc.	吊	t-
(0)	Enter name of NEW Registered Agent and/or NEW Registered O			
	155 Office Plaza Dr.			
		 		
	NEW Registered Office Address:			
	Suite A			
	Tallahassee, FL 3	32301		
	imited liability company is not organized under the laws			
the cha agent v	inge or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liab	he registered of fility company,	fice and the business office it is hereby confirmed that t	of the registered he change(s)
was/we	re authorized by an affirmative vote of the members of	the limited liab	fility company or as otherwise	
	cles of organization or the operating agreement of the li		company. Henderson Meml	har
	ture of a member or authorized representative of a member	ivatalle i	Printed or typed name of sign	
I herei provisi the obl to mere notifice	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete po- igations of my position as registered agent as provided j ely reflect a change in the registered office address. I he I in writing of this change,	e to act in this e erformance of , for in Chapter reby confirm to	capacity. I further ugree to	comply with the
, ,	Mackenzie Hart, Asst. Secretary			