## M18000010618

(Requestor's Name)
(
(Address)
(,
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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## COVER LETTER

	gistration Section ission of Corporations					
SUBJECT:	Matrix Advanced Math Acaden	ny LLC				
	Name of Limited Liability Company					
Dear Sir or	Madam:		ı			
The enclose	d Registered Agent/Registered	Office Change a	and fee(s) are submitted for filing.			
Please retur	n all correspondence concernit	ng this matter to t	he following:			
Eli Margalit			· 			
	Name of Person					
Matrix Adva	inced Math Academy LLC					
	Firm/Company	*	·			
21395 W. Bi	randon Road					
<del>.</del>	Address		· <del></del>			
Kildeer, IL 6	60047		ı			
	City/State and Zip Co	de	**********			
e.margalit@	comcast.net		!			
E-mai	address: (to be used for future	annual report no	tification)			
For further i	information concerning this ma	tter, please call:				
Eli Margalit		224 at (	725-9911			
	Name of Person	at (	Area Code & Daytime Telephone Number			
Reg Div P.O	iling Address: gistration Section ision of Corporations b. Box 6327 lahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
Enc	lused is a check for the follow	ving amount:	!			
₩ \$	25 Filing Fee	ت	\$55 Filing Fee & Certified Copy			
INHS18 (2/1-	4)					

## 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 office or registered agent, or both, in the State of Florida.

1. N	ame of the limited liability company:Matrix Advance	ed Math Acad	lemy, LLC			
2. (a)	Matrix Advanced Math Academy LLC	(h)	(b) Matrix Advanced Math Academy			
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(07	Mading address of lim	nited liability company: PÓST OFFICE BOX)		
	9100 Conroy Windermere Road		21395 W. Brandon Road			
	Windermere, Florida 34786		Kildeer, IL 60047			
	November 15, 2018	A	118000010618			
3.	Date of filing/registration in Florida	4.	Document number	<u></u>		
5. (a)	Registered Agents Inc.			SE(	202	
J. (u)	Registered Agent and Registered Office shown on the records of	of the Florida F	Dept of State:	CRETA	2021 FEB 19	
	Registered Office Address	<u> </u>		9	·	
	3030 N Rocky Point Dr., Ste. 150A		<u> </u>	PH	5 []	
	Tampa F	L_33607		3: 12 5 H/E		
(b)	Yonatan Golberg			<i>ा</i> न	1,3	
	Enter name of NEW Registered Agent and/or NEW Registere	d Office addr	<u>ess</u> .			
	Yonatan Golberg					
	NEW Registered Office Address					
	15546 Murcott Harvest Loop					
	Winter Garden	34787 T				
change agent v was/we	imited liability company is not organized under the later or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited bere authorized by an affirmative vote of the members cles of organization or the operating agreement of the	e registered lability com of the limite	office and the business offic pany, it is hereby confirmed ed liability company or as ot bility company.	of the r	egister hange(	ed (s)
Signa	ture of a member of authorizer representative of a member		Printed or typed name	of signee		
provisi the obl to mere notified	by accept the appointment as registered agent and agens of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address. If in writing of this change.	rce to act in performan ed for in Chi hereby conf	this canacity. Hurther nor	đe to coni	ply with and a s being has be	h the iccept filed ien
	Division of Corporations• P.O.	Box 6327•	Tallahassee, FL 32314			

FILING FEE: \$25.00