ma3 000 00 5447

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer.					

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S. CHATHAM

AUG 17 2023

07/11/23--01008--009 **25.00

2023 JUL 11 All 8: 29

COVER LETTER

	istration Section ision of Corporations					
SUBJECT:						
	Name of Limited Liability Company					
Dear Sir or	Madam:					
The enclose	d Registered Agent/Registered Office Cha	ange and fe	ee(s) are submitted for filing.			
Please retur	n all correspondence concerning this matt	er to the fo	llowing:			
Sara Downey	y					
	Name of Person		-			
CSD Holdin	gs LLC dba At-Home Tutoring Services					
	Firm/Company		<u></u>			
14234 Stroll	er Way					
	Address		_			
Wellington.	FL 33414					
	City/State and Zip Code		_			
accounting@	athometutoringservices.com					
E-mai	l address: (to be used for future annual rep	ort notifica	ation)			
For further i	information concerning this matter, please	call:				
Sara Downe	y at (713	572-3533			
	Name of Person		Area Code & Daytime Telephone Number			
Reg Div P.C	iling Address: gistration Section rision of Corporations D. 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	closed is a check for the following amou	nt:				
₩ 5	325 Filling 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 office or registered agent, or both, in the State of Florida.

1. N	ame of the limited liability company:			
2. (a)	At-Home Tutoring Services		(h) At-Home	e Tutoring Services
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(c) <u></u>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	5311 Edith Street		5311 Edit	th Street
	Houston, TX 77096	_	Houston,	TX 77096
	04/25/2023		M2300000:	05441
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	Downey, Sara			
J. (u)	Registered Agent and Registered Office shown on the records of	the Flori	da Dept. of Sta	ate:
	Registered Office Address (MUST BE FLORIDA STREET.	ADDRE.	SS)	
	11770 ST ANDREWS PLACE #301			
	Wellington , FL	33414		- 21
	Downey, Sara			2023 JUL 11
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:			
				•
				MH 8: 20
	NEW Registered Office Address:			- 8:
	14234 Stroller Way			- 29
	Wellington , FL	33414		_
change agent was/w the art Signa I here provis the obto mer notifie	limited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the atture of a member of authorized representative of a member why accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provide the proper and complete ligations of my position as registered office address, I is a writing of this change.	registe ability of the li limited Sa	red office ar company, it i mited liabilit liability cor ra Downey	nd the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in impany. Printed or typed name of signee