70000000 66 ACCESS, 236 East 6th Avenue . Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666 INC. CERTIFIED COPY рното сору

(CORPORATE NAME & DOCUMENT #)

SPECIAL INSTRUCTIONS

(CORPORATE NAME & DOCUMENT #)

Florida Department of State, Sandra B. Mortham, Secretary of State

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

-	ns of sections 608.416 or 608.508, Florida Statutes, the und	dersigned.limited
	zed under the laws of the State ofDELAWARE	
submits the following sta	tement in order to change its registered office or registered t	agent, or both, in
the State of Florida.	(PLEASE PRINT)	
1a. The name of the limit	ed liability company is: TUTOR HOLDINGS, LLC	
1b. The mailing address of	of the limited liability company is: 15901 OLDEN STREE	T
SYLMAR, CA 91342	2	
1c. Date of filing/registra	tion in Florida: 2/19/97 Document number: M9700	0000066
2. The name and address	of the current registered agent and office:	
	NATIONSCORP REGISTERED AGENTS, INC.	
	526 E. PARK AVENUE	
	TALLAHASSEE, FL 32301	SECRE DIVISION 99 FEB
3. The name and address	of the new registered agent and office: (P.O. Box Not Acces	PTABLE) CHA
	PARACORP INCORPORATED	Y OF STA ORPORAT
4	236 EAST 6TH-AVENUE	OF STATE AM 10: 16
	TALLAHASSEE, FL 32303	.
of the registered agent wi	ges are made, the street address of the registered office and the identical. ized by affirmative vote of a majority of the members of the the articles of organization or the regulations of the limited limited.	e limited liability
D. 22-1	12:3 98	
(Signature of a member to au	fronzed representative of a member a	
Sales D. BARG	ZEH VICE PRESIDENT	
(Printed or typed nam	e and title)?	_
Having been named as a liability company, I he capacity. I further agr complete performance of as registered agent.	registered agent and to accept service of process for the aboreby accept the appointment as registered agent and agree to comply with the provisions of all statutes relative to f my duties, and I am familiar with and accept the obligation	ove stated limited ee to act in this the proper and ns of my position
Denne 30l	Cre- 11/13	198
(Signature of Register	ASSISTANT SECRETARY	; }
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314		

FILING FEE: \$35.00

INHS18(1/96)