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TO: Amendment Section Division of Corporations
SUBJECT: Talent Plus Education INC Name of Corporation
DOCUMENT NUMBER: N 13000008865
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Steve Ortiz Name of Contact Person
Name of Contact Person
Talent Plus Education INC
9 Lake Digne Dr
Mafles FL 34114 City/State and Zip Code
Stevcon 14 o Earthlink. net E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: Steve Offiz at (239) 272-7729
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes statement of change is submitted for a corporation organized under the laws of the State of in order to change its registered office or registered agent, or both, in the State of Florida.	orida	ec
1. The name of the corporation: Talent Plus Education, INC. 2. The principal office address: 9 Lake Diane DI NapleS	<u>C</u> F(.	541
3. The mailing address (if different):		
4. Date of incorporation/qualification: 9.30-20/3 Document number: 130000	<u> </u>	,5
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned) DANNY Morales - Resigned 13010 Livingston Rd Naples F/34105 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Steve Ortiz - President Q Lake Diane Dr P.O. Box NOT acceptable Naples F/34114	15 JUN 19 PM 3: 35	SECRETARY OF STATE TALLAH SSEE, FLORIDA
The street address of its registered office and the street address of the business office of its regist as changed will be identical. Such change was authorized by resolution duly adopted by its board of directors or by an officer authorized by the board, or the corporation has been notified in writing of the change. Signature of an officer or director Frinted or typed name and title I hereby accept the appointment as registered agent and agree to act in this capacity. If 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 obligation of my position as registered. Or, if this document is being filed merely to reflect a change in the registered office addressed to the composition has been notified in writing of this change. Signature of Registered Agents The street address of the business office of its registered of the change. The street address of the business of the business of the business of the business of the change. The street address of the business of the change in the registered office address of the business	so Sen	
Typed or Printed Name		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

* * * FILING FEE: \$35.00 * * *