

N 20 000000 1257

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

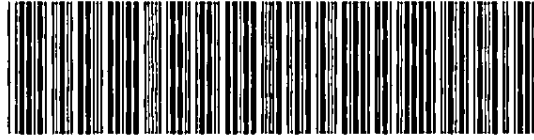
(Business Entity Name)

(Document Number)

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FALL RIVER, MASSACHUSETTS

C. BRUMBLEY
DEC 13 2021

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Ali-Tutor Global Foundation, Inc.
Name of Corporation

DOCUMENT NUMBER: N20000001257

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:

Cynthia H. Sinclair

Name of Contact Person

Ali-Tutor Global Foundation, Inc.

Firm/Company

4783 Palermo Court NE

Address

St. Petersburg, FL 33703

City/State and Zip Code

cynthia.sinclair@earthlink.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cynthia Sinclair at (727) 318-2343
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Ali-Tutor Global Foundation, Inc.

2. The principal office address: 4783 Palermo Court NE, St. Petersburg, FL 33703

3. The mailing address (if different): N/A

4. Date of incorporation/qualification: January 28, 2020 Document number: N20000001257

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)

KATZ, RICHARD A
1800 BEN FRANKLIN DR - UNIT 910B
SARASOTA, FL 34236

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

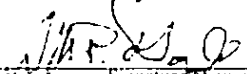
Cynthia H. Sinclair
4783 Palermo Ct NE
St. Petersburg, FL 33703

P.O. Box NOT acceptable

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STATE OF FLORIDA
TALLAHASSEE, FL

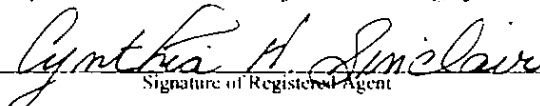
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

William P. Doyle, CTO.
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I 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 agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


Signature of Registered Agent

November 18, 2021
Date

If signing on behalf of an entity:
Cynthia H. Sinclair
Typed or Printed Name

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