P08000	29780
(Requestor's Name) (Address)	000119271340
(City/State/Zip/Phone #)         PICK-UP       WAIT         (Business Entity Name)         (Document Number)         Certified Copies       Certificates of Status         Special Instructions to Filing Officer:         Office Use Only	COBRIAR 14 AM 7:49 TALLAMASSEE FLORIDA TALLAMASSEE FLORIDA



RICHARD B, ADAMS, JR. R. WADE ADAMS JAIME J. BACA

DEREK B. BARBA TRAVIS J. MCMILLEN ROBERT M. O'MALLEY CAROLINA A. CESPEDES ALBERTO M. VALDES TRACY A. JURGUS

SONIA M. TORRES, CLA

## ADAMS, ADAMS & BACA

9TH FLOOR JUSTICE BUILDING 155 S. MIAMI AVENUE MIAMI, FLORIDA 33130-1879

801 WHITEHEAD STREET KEY WEST, FLORIDA 33040-7421

1112 MT. VERNON STREET ORLANDO. FLORIDA, 32803-5310

ΜΙΑΜΙ	TELEPHONE	305 371 3333
ORLANDO	FAX TELEPHONE FAX	305 372 3987 407 650 9995 407 650 9993

CSALVAT@ADAMS-ADAMSLAW.COM

WRITER'S EXTENSION 315 PLEASE RESPOND TO MIAMI OFFICE

March 11, 2008

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

> RE: <u>Beyond The Bell SES Tutoring, Inc.</u> Our File No.: 28027

To Whom It May Concern:

Enclosed please find a \$35 check along with the required Statement of Change of Registered Office/Agent form. Please process accordingly.

Feel free to contact me with any questions or concerns.

Sincerely,

Robert M. O'Malley

RMO/cs Enclosure

**COVER LETTER** 

TO: Amendment Section Division of Corporations

BEYUND THE BELL SES TURNing SUBJECT:

DOCUMENT NUMBER: <u>P0800012780</u>

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:

MANUEL FERRER (Name of Contact Person)

BEYOND THE Bell SES

110 40 SW 40 ST (Address)

MiGMI FL 33165 (City/State and Zin Code)

For further information concerning this matter, please call:

(Name of Contact Person) at (786) 301-8707 (Area Code & Daytime Telephone Number)

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

1....

CR2E045 (8/05)

<u>Mailing Address:</u> 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, this statement of change is submitted for a corporation organized under the laws of the State of  $\_FL$  or idsin order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation:	Beyond	The	Be 11	Ses	tutoring, inc,
2. The principal office address: 33165		<u>s</u> w	40 Si	M	iami, FL
3. The mailing address (if different):	SAT	ne			
4. Date of incorporation/qualification	1: 2/21/08	Docu	ment number:	P080	0000 12780
5. The name and street address of the Florida Department of State:	current registered a	agent and reg	gistered office	on file with	the
6. The name and street address of the (if changed):	1 ANVEZ 1040 S 1040	$\frac{1}{100}$ $\frac{1}{100}$ $\frac{1}{100}$ $\frac{1}{100}$ $\frac{1}{100}$ $\frac{1}{100}$ $\frac{1}{100}$ $\frac{1}{100}$ $\frac{1}{100}$	ed) and /or regination of the second se	istered offic	TALLAHASSEE. FLORIDA (
The street address of its registered of as changed will be identical.	office and the street	t address of	the business o	office of its	registered agent,
Such change was authorized by res authorized by the board or the corp (Signature of an onicer or director)		ed by its boa otified in wi	AVEL	s or by an o nange. Dim ed name and titt	V.P.

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. Thereby confirm that the corporation has been notified in writing of this change.

(Signature of Registered Agent)

If signing on behalf of an entity:

THE BELC (Typed or Printed Name)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314