

P09000037860

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

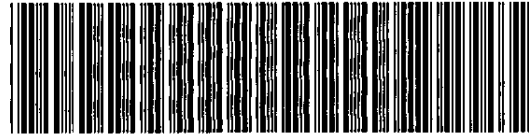
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600212287256

09/23/11--01039--005 **35.00

FILED
11 SEP 23 AM 9:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RCM a/b/cr

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Sprachcaffe Languages Plus Florida Inc.
Name of Corporation

DOCUMENT NUMBER: P09000037860

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:

Lindsay Lawai

Name of Contact Person

InCorp Services, Inc.

Firm/Company

2360 Corporate Circle · Suite 400

Address

Henderson, NV 89074-7722

City/State and Zip Code

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

For further information concerning this matter, please call:

Lindsay Lawai

Name of Contact Person

(800) 246-2677

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, 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: Sprachcaffe Languages Plus Florida Inc.
2. The principal office address: Sprachcaffe Reisen GmbH, Attn: Gunnar Tambach
Gartenstrasse 6, 60594 Frankfurt am Main, Germany
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 04/28/2009 Document number: P09000037860

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)

A1A REGISTERED AGENT INC.

5647 110TH AVE. NORTH

ROYAL PALM BCH FL 33411 US

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

InCorp Services, Inc.

17888 67th Court North

P.O. Box NOT acceptable

Loxahatchee, FL 33470

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

MARCELLO SARDU / Director

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

August 26, 2011

Date

If signing on behalf of an entity:

Lindsay Lawai on behalf of InCorp Services, Inc.

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
CR2E045 (8/05)

FILED
11 SEP 23 AM 9:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA