(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cil	ry/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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SECRETARY OF SIAIL
BIVISION OF CORPORATIONS

ROCHS Ma 2/10/11

COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: Sayuteach, Inc. Name of Corporation		
DOCUMENT NUMBER: P0900103301		
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:		
Tetiana Cherkasenko Name of Contact Person		
Firm/Company		
475 Prickell Ave # 3711 Address		
MIAMI FL 33/31 City/State and Zip Code		
Slavuteach QUER, Net E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call: Tetiana Cherkasenko at (786) 838-3418 Name of Contact Person Area Code & Daytime Telephone Number		
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, this 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.
1. The name of the corporation: SLAVU+each, Inc.
2. The principal office address: 475 Backoll Ave #3711 MIGMI P 33131
3. The mailing address (if different): SQME
4. Date of incorporation/qualification: 12/29/2009 Document number: P09000103301
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)
George Aye
475 Brickell AVE # 5ZIV = 3
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Tetana Na Charkaseniko
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
(if changed): Tetia Na Charkaseniko 5
<u>475 Brickell Ave #3711</u>
P.O. Box NOT acceptable MAMI FL 33131
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 ordicer or director Tettana Chor Kasenko 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.
Thereof — O2/04/11.
Signature of Registered Agent / Date If signing on behalf of an entity:
Typed or Printed Name

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

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