

P11000064543

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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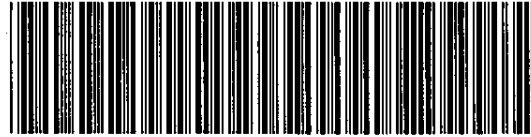
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

RA Change

OCT 16 2012

T. LEWIS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Time Square Learning Center Inc.
Name of Corporation

DOCUMENT NUMBER: P11000064543

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:

Maria Esther Penaloza

Name of Contact Person

Time Square Learning Center Inc.

Firm/Company

851 e SR 434 suite 180

Address

Longwood, FL. 32750

City/State and Zip Code

mmymia1@hotmail.com

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

For further information concerning this matter, please call:

Maria Esther Penaloza at 407 274 5077
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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Time Square learning Center Inc.
2. The principal office address: 851 e SR 434 Suite 180
Longwood, Florida 32750
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 07/15/2011 Document number: P11000064543

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)

Maria Esther Penalosa

851 e SR 434 suite 180

Longwood, FL. 32750

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

Mia Fiorucci

851 e SR 434 suite 182

P.O. Box NOT acceptable

Longwood, FL. 32750

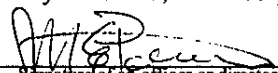
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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

Maria Esther Penalosa, President

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

10/01/2012

Date

If signing on behalf of an entity:

Mia Fiorucci

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