## P130000014A19

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## COVER LETTER

**FO:** Amendment Section Division of Corporations

SUBJECT: World Class Languages, Inc.

Name of Corporation

DOCUMENT NUMBER. P13000024219

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 Bartosh

Name of Contact Person

World Class Languages

Firm/Company

4670 NE 5th Ave., #1

Address

Boca Raton, FL 33431

City/State and Zip Code

info@worldclasslanguages.com

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

For further information concerning this matter, please call:

Maria Bartosh

,561 \ 289-3527

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

statement of cha	inge is submitted for a corporation o	7.0502, 607.1508, or 617.1508, Florida Statutes organized under the laws of the State of <mark>Florida</mark> registered agent, or both, in the State of Florida.		_
1. The name of	the corporation: World Class L	anguages, Inc.		
2. The principal	office address: 4670 NE 5th A	Ave., #1, Boca Raton, FL 33431		
3. The mailing a	address (if different): P.O. Box 8	310201, Boca Raton, FL 33481		
4. Date of incor	poration/qualification: 03/14/20	13 Document number: P13000024	219	
5. The name and		ered agent and registered office on file with the		
	Maria Bartosh			9
	4670 NE 5th Ave., #8		15 SEP	SES!
	Boca Raton, FI 33431		EP 28	
6. The name and (if changed):	d street address of the new registered	d agent (if changed) and /or registered office	AM 9:	
	Maria Bartosh		50	13°
	4670 NE 5th Ave., #1			
	Boca Raton, FI 33431	x NOT acceptable		
The street address changed will	ess of its registered office and the s be identical.	treet address of the business office of its registe	ered ag	gent,
		opted by its board of directors or by an officer en notified in writing of the change.		
Signatu	artosu re of an officer or director	Maria Bartosh Printed or typed name and title		_
I further agree performance of agent. Or, if th	the appointment as registered age to comply with the provisions of all my duties, and I am familiar with a is document is being filed merely to that the corporation has been notif	nt and agree to act in this capacity. I statutes relative to the proper and complete and accept the obligation of my position as reg o reflect a change in the registered office addre fied in writing of this change.	istered ess, I	ı
MUB	orto8h	Maria Bartosh		
_	nature of Registered Agent half of an entity:	Date		
	s Languages, Inc.			
	yped 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 \* \* \*