287220

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

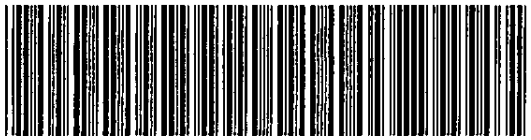
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200201854662

04/15/11--01009--014 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 MAY -4 AM 8:06

RDlch8
10/5/11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ALEXANDER SCHOOL, INC.
Name of Corporation

DOCUMENT NUMBER: 287220

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:

Brette Rothfield
Name of Contact Person

Alexander School, Inc.
Firm/Company

6050 S.W. 57th Avenue
Address

Miami, Florida 33143
City/State and Zip Code

bar@alexandermontessori.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brette Rothfield at (305) 665-6274
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

CR2E045 (8/05)

FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 18, 2011

RECEIVED
APR 21 2011
BY:

BRETTE ROTHFIELD
ALEXANDER SCHOOL, INC.
6050 S.W. 57TH AVENUE
MIAMI, FL 33143

SUBJECT: ALEXANDER SCHOOL, INC.
Ref. Number: 287220

We have received your document for ALEXANDER SCHOOL, INC. and your check(s) totaling $35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

YOU FAILED TO LIST THE NEW REGISTERED AGENT IN PART 6 OF THE FORM.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton
Regulatory Specialist II

Letter Number: 911A00009295

RECEIVED
11 MAY -4 AM 8:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
APR 27 2011
BY:

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: ALEXANDER SCHOOL, INC.

2. The principal office address: 6050 S.W. 57th Avenue
Miami, Florida 33143

3. The mailing address (if different):

4. Date of incorporation/qualification: 11/23/64 Document number: 287220

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)

Penn B. Chabrow, Esquire
SunTrust International Center, 1 SE 3rd Avenue
Suite #1700, Miami, FL 33131

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

Penn B. Chabrow, Esquire
9350 South Dixie Highway
Suite 1500
P.O. Box NOT acceptable
Miami, FL 33156

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 MAY -4 AM 8:06

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

James R. McGhee II, 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

4/25/11
Date

If signing on behalf of an entity:

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)