## 744085

| (Requestor's Name)                      |  |  |
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| (Address)                               |  |  |
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| (Address)                               |  |  |
| (1001)                                  |  |  |
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| (City/State/Zip/Phone #)                |  |  |
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| PICK-UP WAIT MAIL                       |  |  |
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| (Business Entity Name)                  |  |  |
|   |  |  |
| (Document Number)                       |  |  |
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| 0.47.40                                 |  |  |
| Certified Copies Certificates of Status |  |  |
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| Special Instructions to Filing Officer: |  |  |
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Office Use Only



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SEGRETARY OF STATE
TALLAHASSEE, FLORIDA

C.COULLIETTE

**EXAMINER** 

## **COVER LETTER**

Amendment Section Division of Corporations

TO:

| SUBJECT: Miami Country Day School, Inc. (Name of Cor  | poration)  |
|---|--|
| DOCUMENT NUMBER: 744085   |  |
| The enclosed Statement of Change of Registered Office/  | Agent and fee are submitted for filing.  |
| Please return all correspondence concerning this matter t                                       | o the following:   |
| John Davies, H<br>(Name of Conta  | lead of School<br>act Person)  |
| Miami Countr<br>(Firm/Con   | npany)   |
| 601 N.E. 10 (Addre  |  |
| Miami, Flo  | orida 33161<br>Zip Code)   |
| For further information concerning this matter, please ca                                       | -  |
| John Davies (Name of Contact Person)  | at ( <u>305</u> ) <u>759-2843</u><br>(Area Code & Daytime Telephone Number)                              |
| Enclosed is a \$35.00 check made payable to the Departm   | ent 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.  |
|---|
| The name of the corporation: Miami Country Day School   |
| 2. The principal office address: 601 N.E. 107th Street  |
| Miami, Florida 33161  |
| 3. The mailing address (if different): Same   |
| 4. Date of incorporation/qualification: 8/31/1976 Document number: 744085   |
| <ol><li>The name and street address of the current registered agent and registered office on file with the<br/>Florida Department of State: (If resigned, enter resigned)</li></ol>   |
| Howe, Osmond C., Jr.  |
| 2000 Towerside Terr. Ste 402  |
| Miami, Florida 33138  |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):   |
| John Davies   |
| 601 N.E. 107th Street  (P.O. Box NOT acceptable)  |
| Miami, Florida 33161  |
| 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.   |
| Come M. Pauele Anne M. Paulk 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)  Dances (Date)  |
| Assigning 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 \* \* \*