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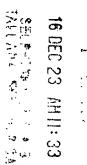
Exulsion Charter 10066 W. MiNab Rd Tamaror 172. 33321 (City/State/Zip/Phone #)
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R. WHITE

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 ofFlorida_
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Excelsior Charter of Broward Inc.
2. The principal office address: 10066 West McNab Road
Tamarac, Fl. 33321
3. The mailing address (if different): (Sq me)
4. Date of incorporation/qualification: 09/26/2005 Document number: NOSOUDD 0 9 8 49.
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)
Michael G Strader
12524 W. Atlantic Blud
Coral Springs FL. 33071
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
12/31 NW 10th St.
Coral Springs FL. 33071
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 fauthorized by resolution duy adopted by its board of directors or by an officer so authorized by the board of the corporative has been notified in writing of the change.
Jaime Minor / Chairman Printed or typed name and title
Thereby 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.
Int 13 12/16/2016
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 * * *

CR2E045 (03/12)