

N12000007428

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

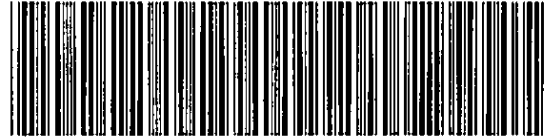
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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** The James Madison Preparatory High School, Inc  
Name of Corporation

**DOCUMENT NUMBER:** N12000007428

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:

Amy Gibson

Name of Contact Person

James Madison Preparatory High School

Firm/Company

2812 W US 90

Address

Madison, FL 32340

City/State and Zip Code

agibson@jmphs.org

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

For further information concerning this matter, please call:

Amy Gibson

Name of Contact Person

at (850) 253-2173

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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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: The James Madison Preparatory High School, Inc.

2. The principal office address: 2812 W US 90, Madison, FL 32340

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 07/31/2012 Document number: N12000007428

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)

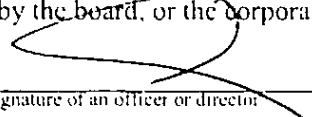
Joseph M Akerman  
176 NW Crane Ave  
Madison, FL 32340

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

N/A same as above  
2812 W US 90  
Madison, FL 32340  
P.O. Box NOT acceptable

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 authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

Cary A Hardee, Board President  
Printed or typed name and title

SECRETARY OF STATE  
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*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

07/12/2022  
Date

If signing on behalf of an entity:

Joseph M Akerman  
Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*