## N1500000 2708

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SLUMETARY OF STATE



## **COVER LETTER**

	Amendment Section Division of Corporations		
SUBJECT Name of	CT: Hershavin Schift Day Schools of Tomorrow, Inc.		
DOCUM The enc	MENT NUMBER: N 500002708  losed Statement of Change of Registered Office/Agent and fee are submitted for filing.  eturn all correspondence concerning this matter to the following:		
Name of Hers	Mnifor Glassmoyer  Frontact Person  Norin Schiff Day School of Tomorrow, Inc.  Ompany  S. Tuttle Ave.  Sasota FL 34737  ate and Zip Code		
City/St	ate and Zip Code  OASMOYER COMMUNITY day. Org  Laddress: (to be used for future annual report notification)		
For fur Jev	ther information concerning this matter, please call:  Nifer Glassmoy at (941) 953-7451 x 1356  Name of Contact Person at (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

Tallahassee, FL 32314

CR2E045 (04/13)

## 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 statement of change is submitted for a corporation organized under the laws of the State of 10.000.		
in order to change its registered office or registered agent, or both, in the State of Florida.		
1. The name of the corporation: Hershovin Schiff Day Schools of Tum	W COW	Inc
2. The principal office address: 1050 S. TUHLE AVE.		
Samsota, PL 34237		
3. The mailing address (if different):		
4. Date of incorporation/qualification: 03/16/2015 Document number: N   50000	2027	08
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)		
Paul R. Alfieri, P.L.	2020 FEB	SIAIC
2401 W. Cypress Creek Road		S NO.
Fort Lauderdale, FL 33309	3 PH	15 AB
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	1 2: 09	SIATE WALL
Josh Dell	9	. <del></del>
1626 Ringling Boulevard, Suite 300		
Sarasota, FL 34236		
The street address of its registered office and the street address of the business office of its registered as changed will be identical.	ered age	nt,
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.	so	
Robert 5 Lan Lman  Printed or lived name and title		<u> </u>
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 per of my duties, and I am familiar with and accept the obligation of my position as registered agent. document is being filed merely to reflect a change in the registered office address, I hereby confir corporation has been notified in writing of this change.	erforma Or, if t m that t	ice his he
- MM M 7:480		
Signature of Registered Agent 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 (04/13)