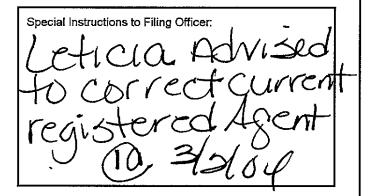
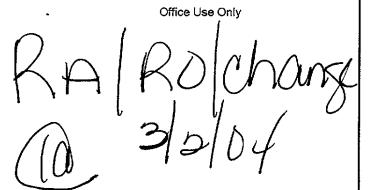
N91000002295

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		







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02/16/04--01064--014 **105.00



TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations	0
Division of Corporations	章 事
SUBJECT: Milestones Community School, Inc.	
(Name of corpora	ition)
DOCUMENT NUMBER: N97000002295	ntion) Ind fee are submitted for filing.
The enclosed Statement of Change of Registered Office/Agent an	nd fee are submitted for filing.
Please return all correspondence concerning this matter to the foll	lowing:
Leticia Lamarque	·
(Name of persor	n)
Chancellor Beacon Academies, Inc.	
(Name of firm/comp	pany)
3250 Mary Street, Suite 202	
(Address)	
Coconut Grove, FL 33133	
(City/state and zip o	code)
For further information concerning this matter, please call:	
, , ,	
Leticia Lamarque	
(Name of person)	at (305) 648-5929 (Area code & daytime telephone number)
,	,
Enclosed is a \$35.00 check made payable to the Department of St	tate.
Mailing Address:	Street Address:
Mailing Address: Amendment Section	Street Address: Amendment Section
Division of Corporations P.O. Box 6327	Division of Corporations 409 E. Gaines Street
Tallahassee, FL 32314	Tallahassee, FL 32399



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

February 20, 2004

LETICIA LAMARQUE CHANCELLOR BEACON ACADEMIES, INC. 3250 MARY STREET - SUITE 202 COCONUT GROVE, FL 33133

SUBJECT: MILESTONES COMMUNITY SCHOOL, INC.

Ref. Number: N97000002295

We have received your document for MILESTONES COMMUNITY 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):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please verify if the new registered agent is JULIE F. KLAHR or GOREN CHEROF, DOODY & EZROL, P.A.

Both can not be listed as registered as it appears on the form.

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.

Letter Number: 504A00011673

Irene Albritton
Document Specialist

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

. STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607. change is submitted for a corporation organized under the laws	•
to change its registered office or registered agent, or both, in th	e State of Florida.
1. The name of the corporation: Milestones Community S	chool, Inc.
2. The principal office address: 4400 S. Dixie Highway	
Palm Bay Florida, 32905	-
3. The mailing address (if different): C/O Julie F. Klahr ,	, Goren, Cherof, Doody & Exrol, P.A.
3099 East Commercial Boulevard, Suite 200,	Ft. Lauderdale, FL 33308
4. Date of incorporation/qualification: 4/23/97	Document number: N97000002295
5. The name and street address of the current registered agent at Florida Department of State:	nd registered office on file with the
KTCTES Registere	ed Agent Corp. 意
100 Southeast 2nd Street, Suite 2	2800
Miami, Florida 33131	SSEE OF PACE
6. The name and street address of the new registered agent (if cl (if changed):	hanged) and /or registered office
c/o Julie F. Klahr,	<u> </u>
3099 East Commercial Boulevard, S	
(P.O. Box or personal mailbox)	NOT acceptable)
Ft. Lauderdale, FL 33308	
The street address of its registered office and the street address changed will be identical.	ss of the business office of its registered agent, as
Such change was authorized by resolution duly adopted by it the board, or the corporation has been notified in writing of the	s board of directors or by an officer so authorized by he change.
(Signature of afforticer of director)	Printed or typed name and title)
I hereby accept the appointment as registered agent and agre I further agree to comply with the provisions of all statutes re duties, and I am familiar with and accept the obligation of m being filed merely to reflect a change in the registered office been notified in writing of this change.	ee to act in this capacity, elative to the proper and complete performance of my y position as registered agent. Or, if this document is address, I hereby confirm that the corporation has
By (Signature of Registered Agent)	$\frac{2-13-04}{\text{(Date)}}$
If signing on behalf of an entity:	(vaic)
(Typed or Printed Name)	(Capacity)