

N97000002295

(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

Special Instructions to Filing Officer:

Leticia Advised
to correct current
registered Agent
@ 3/2/04

Office Use Only

RA / RO / change
@ 3/2/04

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04 MAR - 1 PM 1:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Milestones Community School, Inc.
(Name of corporation)

DOCUMENT NUMBER: N97000002295

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:

Leticia Lamarque
(Name of person)

Chancellor Beacon Academies, Inc.
(Name of firm/company)

3250 Mary Street, Suite 202
(Address)

Coconut Grove, FL 33133
(City/state and zip code)

For further information concerning this matter, please call:

Leticia Lamarque at (305) 648-5929
(Name of person) (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
409 E. Gaines Street
Tallahassee, FL 32399

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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.

Irene Albritton
Document Specialist

Letter Number: 504A00011673

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: Milestones Community School, 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: N9700002295
- 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

KTC's Registered Agent Corp.
100 Southeast 2nd Street, Suite 2800
Miami, Florida 33131

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 TALLAHASSEE, FLORIDA

- 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
c/o Julie F. Klahr,
3099 East Commercial Boulevard, Suite 200
(P.O. Box or personal mailbox NOT acceptable)
Ft. Lauderdale, FL 33308

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.

Alex E. Febete
 (Signature of an officer or director)

Alex Febete
 (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.

By: Julie Klahr
 (Signature of Registered Agent)

2-13-04
 (Date)

If signing on behalf of an entity:

 (Typed or Printed Name)

 (Capacity)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314