Office Use Only

Examiner's Initials

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1		500004530755 -08/13/0101103016	5
(Corporation Name)	(Document #)	- *****105.00 *****35.0	U
2. (Corporation Name)	(Document #)	· · · · · · · · · · · · · · · · · · ·	··· - .
3. (Corporation Name)	(Document #)		**
4. (Corporation Name)	(Document #)	**	(* . .
□ Walk in□ Pick up time□ Mail out□ Will wait	Photocopy	Certified Copy Certificate of Status	* e.
NEW FILINGS Profit Not for Profit Limited Liability Domestication Other	AMENDMENTS Amendment Resignation of R.A Change of Registe Dissolution/Witho	ered Agent Si & Marawal	N,
OTHER FILINGS Annual Report Fictitious Name	REGISTRATION/QI Foreign Limited Partnersh Reinstatement Trademark Other	10 hz oc	

CR2E031(7/97)

STATEMENT OF CHANGE OF REGISTERED OFFICE FOR CORPORATIONS

Pursuant to the provision	ons of section 607.0502(3), 617.0502(3), 607.1508(2), or 617.1508(2),	
Florida Statutes, the und	ersigned registered agent of a corporation organized under the laws of the	
State of FLORIDA	submits the following statement in order	
to change the registered	office in Florida.	
1. The name of the corp	oration: STARCHILD ACKDEMY FRANCHISE	
CORPOR	Αστιολ	
2. The street address of	he current registered office:	
	727 BEAR CREEK CIRCLE	
	WINTER SPRINGS, FL 32708	
	·	
3. The street address of	he new registered office:	
	1550 N. WEKIWA SPRINGS ROAD FIN 9	
	APOPKA, FL 32712	No.
	SSA 3	
The corporation has been	notified in writing of this change.	7
The street address of the agent, as changed, will be	registered office and the street address of the business office of the registered identical.	a de la companya de l
Date: 8 8 01	· · · · · · · · · · · · · · · · · · ·	
1		
Water as ?	PETER W. ZIMMERMANN	
(Signature of Re		
	Filing Fee: \$35.00	
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Make checks payable to Florida Department of State and mail to: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314