

PD2000029612

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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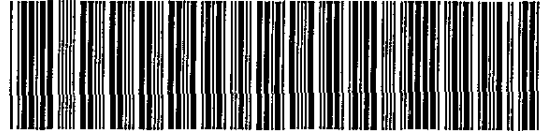
(Business Entity Name)

(Document Number)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

Ps. 11/15/02

Carol Goldstein Stiefel

Attorney at Law

1550 Madruga Ave., Suite 120
Coral Gables, Florida 33146

(305) 661-4600
(305) 284-9186 Fax

November 22, 2002

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: The Academy of Kendall, Inc.
Document Number P02000029612

Gentlemen:

Enclosed please find a check for \$105.00 for filing fees together with the following documents for the above referenced company:

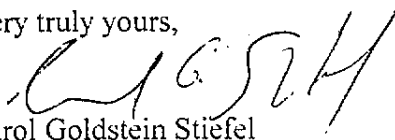
1. Statement of Change of Registered Office and Registered Agent,
2. Amendment to the Articles of Incorporation and
3. Resignation of Officer and Director.

Please change your records accordingly. Please return all correspondence concerning this matter to me at:

Carol Goldstein Stiefel, Esq.
1550 Madruga Avenue
Suite 120
Coral Gables, Florida 33146

If you have any questions, please feel free to contact me at 305-661-4600 ext. 208.
Thank you for your assistance.

Very truly yours,



Carol Goldstein Stiefel

Enclosures

**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: CYBER EDUCATION KENDALL, INC. f/k/a THE ACADEMY OF KENDALL, I.
2. The principal office address: 10621 N. Kendall Drive, Suite 104, Miami, Florida 33176
3. The mailing address (if different): _____
4. Date of incorporation/qualification: March 18, 2002 Document number: P02000029612
5. The name and street address of the current registered agent and registered office on file with the
Florida Department of State:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FLORIDA 32301-2525

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

SHAWN SPECTOR
10621 N. KENDALL DRIVE, SUITE 104
(P.O. Box or personal mailbox NOT acceptable)
MIAMI, FLORIDA 33176

The street address of its registered office and the street address of the business office of the 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.

X [Signature]
(Signature of an officer, chairman or vice chairman of the board)

SHAWN SPECTOR, PRESIDENT
(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.*

X [Signature]
(Signature of Registered Agent)

11/22/02
(Date)

If signing on behalf of an entity:

Shawn Spector, President
(Typed or Printed Name)

[Signature]
(Capacity)

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

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

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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA