I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

PRESIDENT

SIGNATURE: JENENE DULANEY-BURKE

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# N0700009269

Entity Name: FLORIDA HIGH SCHOOL FOR ACCELERATED LEARNING NORTH LEE COUNTY CAMPUS, INC.

Current Principal Place of Business:

428 SW PINE ISLAND RD. CAPE CORAL, FL 33991

Current Mailing Address:

428 SW PINE ISLAND RD. CAPE CORAL, FL 33991

FEI Number: 75-3255798

Name and Address of Current Registered Agent:

PIRES, ANTHONY PJR % WOODWARD, PIRES & LOMBARDO, P.A. 3200 NORTH TAMIAMI TRAIL, STE 200 NAPLES, FL 34103 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Officer/Director Detail :

| Title | P, D, PRESIDENT | Title | DIRECTOR, SECRETARY |
|-----------------|---|-----------------|---|
| Name | DULANEY-BURKE, JENENE | Name | MCRICKARD, LAURA |
| Address | 17557 TIMBERLINE PKWY | Address | 58 SOUTHPORT COVE |
| City-State-Zip: | BABCOCK RANCH FL 33982 | City-State-Zip: | BONITA SPRINGS FL 34134 |
| | | | |
| Title | VP, DIRECTOR | Title | DIRECTOR |
| | | | |
| Name | LAPOINTE, MARGARET H | Name | BELL, DELORES |
| Name Address | LAPOINTE, MARGARET H 3020 MATECUMBE KEY RD #306 | Name Address | BELL, DELORES 601 ISLAMORADA BLVD. UNIT 23B |

Certificate of Status Desired: No

FILED Jun 06, 2022 Secretary of State 7490651716CC

06/06/2022 Date

Date