Entity Name: FLORIDA CHARTER SCHOOL ALLIANCE, INC.

Current Principal Place of Business:

4500 PGA BOULEVARD SUITE 302 PALM BEACH GARDENS, FL 33418

Current Mailing Address:

4500 PGA BOULEVARD SUITE 302 PALM BEACH GARDENS, FL 33418 US

FEI Number: 27-2769707

Name and Address of Current Registered Agent:

BOWER, TANYA LESQ TRIPP SCOTT, P.A. 110 SE 6TH STREET 15TH FLOOR FORT LAUDERDALE, FL 33301 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	D	Title	D		
Name	STEIN, JUDITH S	Name	HORNE, JAMES W		
Address	4500 PGA BOULEVARD SUITE 302	Address	4500 PGA BOULEVARD SUITE 302		
City-State-Zip:	PALM BEACH GARDENS FL 33418	City-State-Zip:	PALM BEACH GARDENS FL 33418		
Title	D	Title	D		
Name	HOLLANDER, LAUREN	Name	FANJUL, EMILIA		
Address	4500 PGA BOULEVARD SUITE 302	Address	4500 PGA BOULEVARD SUITE 302		
City-State-Zip:	PALM BEACH GARDENS FL 33418	City-State-Zip:	PALM BEACH GARDENS FL 33418		
Title	D	Title	D.		
Title Name	D KIRTLEY, JOHN	Title Name	D. LEVESQUE, PATRICIA		
Name	KIRTLEY, JOHN 4500 PGA BOULEVARD	Name	LEVESQUE, PATRICIA 4500 PGA BOULEVARD		
Name Address	KIRTLEY, JOHN 4500 PGA BOULEVARD SUITE 302	Name Address	LEVESQUE, PATRICIA 4500 PGA BOULEVARD SUITE 302		
Name Address City-State-Zip:	KIRTLEY, JOHN 4500 PGA BOULEVARD SUITE 302 PALM BEACH GARDENS FL 33418	Name Address City-State-Zip:	LEVESQUE, PATRICIA 4500 PGA BOULEVARD SUITE 302 PALM BEACH GARDENS FL 33418		
Name Address City-State-Zip: Title	KIRTLEY, JOHN 4500 PGA BOULEVARD SUITE 302 PALM BEACH GARDENS FL 33418 D	Name Address City-State-Zip: Title	LEVESQUE, PATRICIA 4500 PGA BOULEVARD SUITE 302 PALM BEACH GARDENS FL 33418 D		

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.

SIGNATURE: JUDITH STEIN		DIRECTOR	04/17/2015
	Electronic Signature of Signing Officer/Director Detail		Date

FILED Apr 17, 2015 Secretary of State CC2105490310

Certificate of Status Desired: No

Date