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WHWW1943 da Departmente Division of Corporations

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: WINDERWEEDLE, HAINES, WARD & WOODMAN, P.A. Account Name

Account Number: 076077002775 : (407)760-4670 Phone

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er the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

DERICKE @ WHWW.

## REGISTERED AGENT CHANGE LAKE HIGHLAND PREPARATORY SCHOOL, INC.

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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the statement of ch	provisions of sections 607.0502, ange is submitted for a corporatio	617.0502, 607.1508, or 617.1508, 1 on organized under the laws of the S	Florida Statut State of Florid	es, this a	
in ord	er to change its registered office o	or registered agent, or both, in the S	tate of Florid	a.	
1. The name of	the corporation: LAKE HIGHLAN	ND PREPARATORY SCHOOL, INC	•		
	office address: 901 Highland Ave				
3. The mailing a	address (if different):				
4. Date of incorporation/qualification: 08/19/1941 Document number: 705925					
5. The name and		stered agent and registered office or			
	James W. Bartlett				
	901 Highland Avenue			<b>C</b> D	
	Orlando, Florida 32803		7021	3	
6. The name and (if changed):	d street address of the new register	red agent (if changed) and /or regist	ered office		
	WHWW, Inc.			_	
	329 Park Avenue North, Second F	loor	*** 3		
		P.O. Box NOT acceptable	<u> </u>	л У	
	Winter Park, Florida 32789		<u></u> >	-	
The street address changed will	ess of its registered office and the be identical.	street address of the business offi	ce of its regis	tered agent,	
Such change was authorized by th	is authorized by resolution duly a the board, or the corporation has b	adopted by its board of directors or seen notified in writing of the chan	by an officer	r so	
Jugar T	~0 ~00	James W. Bartlett, Autl	norized Repre	esentative	
_	te of an other or director the appointment as registered as to comply with the provisions of a d I am familiar with and accept t ng filed merely to reflect a chang been notified in writing of this c	Printed or typed has gent and agree to act in this capaciall statutes relative to the proper a the obligation of my position as rege in the registered office address, thange.		performance t. Or, if this firm that the	
M Dd	sorah Fricke	04/07/2021			
Sign	nature of Registered Agent	Date			
If signing on be	half of an entity:				
Deborah Fricke,	· <u>-                                    </u>	_			
Ту	ped or Printed Name				
	**************************************	VC PER+\$35.00 * * *			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)