

F09000000/508

Florida Department of State

Division of Corporations

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To: Division of Corporations
Fax Number : (850)617-6380

From: Account Name : SALVATORI LAW OFFICE, PLLC
Account Number : I20170000055
Phone : (239)308-9191
Fax Number : (239)552-4185

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

Email Address: LS@SALVATORI.LEGAL

**REGISTERED AGENT CHANGE
PALS PRESCHOOL & KINDERGARTEN, INC.**

Certificate of Status	0
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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 Illinois in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: PALS Preschool & Kindergarten, Inc.
2. The principal office address: 5150 Tamiami Trail North, Suite 300 Naples, Florida 34103
3. The mailing address (if different): 5150 Tamiami Trail North, Suite 300, Naples, Florida 34103
4. Date of incorporation/qualification: 4/13/2009 Document number: F09000001508
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Resigned

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

James Cloonan5150 Tamiami Trail North, Suite 300PO Box NOT acceptableNaples, Florida 34103

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

Thomas C Lund
Signature of an officer or director 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.

James Cloonan
Signature of Registered Agent

11/30/2021

Date

If signing on behalf of an entity:

James Cloonan

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32316

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