

F09000001908

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

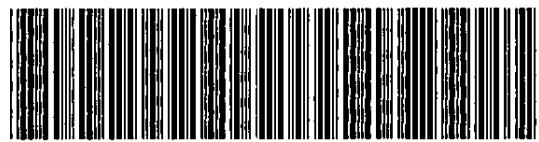
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R.A. - Chay
C.COULLIETTE

MAR 25 2010

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: American Board for Certification of Teacher Excellence
Name of Corporation

DOCUMENT NUMBER: F09000001908

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Giovanni Cozzarelli
Name of Contact Person

American Board for Certification of Teacher Excellence, Inc.
Firm/Company

1225 19th Street, NW, Suite 400
Address

Washington, DC 20036
City/State and Zip Code

E-mail address: (to be used for future annual report notification)
gcozzarelli@abcte.org

For further information concerning this matter, please call:

Giovanni Cozzarelli at (**202**) **261-2623**
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

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

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

1. The name of the corporation: American Board for Certification of Teacher Excellence, Inc.

2. The principal office address: 1225 19th Street, NW, Suite 400
Washington, DC 20036

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 5/8/2009 Document number: F09000001908

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)

Incorp Services, Inc.

17888 67th Court North

Loxahatchee, FL 33470

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

Kevin O'Connor

52 Greens Road

P.O. Box NOT acceptable

Hollywood, FL 33021

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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.

Kevin O'Connor

Signature of an officer or director

Giovanni Cozzarelli, Chief Financial Officer

Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity, 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.

Kevin O'Connor

Signature of Registered Agent

3/22/10

Date

If signing on behalf of an entity:

Kevin O'Connor

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 32314
CR2E045 (8/05)