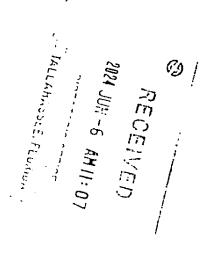
F16000005479

	(Requestor's Name)		
	(Address)		
	(Address)		
	(
	(City/State/Zip/Phone #)		
PICK-UP	WAIT MAIL		
	(Business Entity Name)		
	(Document Number)		
Certified Copies	Certificates of Status		
Special Instructions to Filing Officer:			

Office Use Only



800431018338







Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 06/06/2024	_	**WAI		
entity name Age C	of Learning For School	s, Inc.		
DOCUMENT NUMBER	<u> </u>			
	PLEASE FILE TR	HE ATTACHED AND RETURN		
xxxxxxxx	Plain Copy			
	Certified Copy			
	Certificate of Status			
	"PLEASE OBTAIN THE F Certified Copy of Arts Certificate of Good St			
	APOSTILLE' / I	NOTARIAL CERTIFICATION		
COUNTRY OF DESTIN NUMBER OF CERTIFIC				
TOTAL OWED \$35		ACCOUNT #: I2016000007	72	
		SR FM		
Please call Tina at	the above number for	any issues or concerns. Thank you s	so much!	

COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: Age Of Learning For Schools, Inc. Name of Corporation	
DOCUMENT NUMBER: F16000005479	
The enclosed Statement of Change of Registered	d Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this	s matter to the following:
Sharon Urban	
Name of Contact Person	
Harbor Compliance	
Firm/Company	
1830 Colonial Village Lane	
Address	
Lancaster, PA 17601	
City/State and Zip Code	
surban@harborcompliance.co	om
E-mail address: (to be used for future annua	l report notification)
For further information concerning this matter, p	please call:
Sharon Urban	at (717) 229-0387
Name of Contact Person	at (717) 229-0387 Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the	Department of State.
Mailing Address: Amendment Section	Street Address: Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of cha	nge is submitted for a corporation c	7,0502, 607,1508, or 617,1508, Florida organized under the laws of the State of registered agent, or both, in the State of		_
1. The name of t	he corporation: Age Of Learning Fo	or Schools, Inc.		
2. The principal		-		_
3. The mailing a	ddress (if different):			
~		Document number: F160000	005479	
	street address of the current registe tment of State: (If resigned, enter re	ered agent and registered office on file vesigned)	vith the	
	United States Corporation Agents, In	nc.	2024 Se.	
	476 Riverside Ave			
	Jacksonville, FL 32202		5 5	
6. The name and (if changed):	street address of the new registered	d agent (if changed) and /or registered o		7
	Registered Agents Inc	-	_	
	7901 4th St N Ste 300		_	
	St. Petersburg, FL 33702	P.O. Box NOT acceptable	_	
The street address changed will	ess of its registered office and the sbe identical.	street address of the business office of	its registered age	mt,
		dopted by its board of directors or by a ten notified in writing of the change.		
/s/ Shannon C	astellani	Shannon Castellani, Assistant Sec	cretary	
I hereby accept I further agree to of my duties, an document is hei	te of an officer or director the appointment as registered age to comply with the provisions of al d I an familiar with and accept th ng filed merely to reflect a change t been notified in writing of this ch	Printed or typed name and ent and agree to act in this capacity. Il statutes relative to the proper and co he obligation of my position as register or in the registered office address, I here hange.		nce this the
David RA	banta.	02/14/2024		
Sig	berta mature of Registered Agent	Date		_
If signing on be	half of an entity:			
David F	Roberts - Assistant Secretary			
T	yped or Printed Name			

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