

H94165

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

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Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL 99102

Ro Change

D. CONNELL DEC 15 2009

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CREATIVE LEARNING CENTER OF FLORIDA, INC.
Name of Corporation

DOCUMENT NUMBER: H94165

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:

FRED A. SCOFIELD
Name of Contact Person

CREATIVE LEARNING CENTER OF FLORIDA, INC.
Firm/Company

4970 82ND AVE N
Address

PINELLAS PARK, FL 33781
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Fred A Scofield at (727) 953-6770
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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: CREATIVE LEARNING CENTER OF FLORIDA, INC.
2. The principal office address: 4970 82ND AVE N
PINELLAS PARK, FL 33781
3. The mailing address (if different): 2951 BETHANY PL
CLEARWATER, FL 33759
4. Date of incorporation/qualification: 7-8-1986 Document number: 1494165
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)

SCOFIELD, FRED
1370 GULF BLVD APT 404
CLEARWATER, BEACH FLORIDA 33767

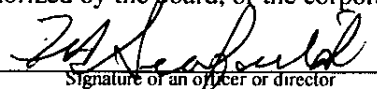
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

SCOFIELD FRED
2951 BETHANY PL
P.O. Box NOT acceptable
CLEARWATER, FLORIDA 33759

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SECRETARY OF STATE
TALLAHASSEE FL 32314

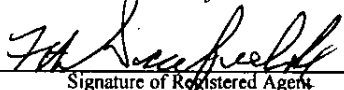
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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.


Signature of an officer or director

FRED A SCOFIELD PRESIDENT
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.


Signature of Registered Agent

12-4-09
Date

If signing on behalf of an entity:

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)