

L170003201053
 Florida Department of State
 Division of Corporations
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((H170003201053))



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To:

Division of Corporations
 Fax Number : (850)617-6383

From:

Account Name : STONE AND GERKEN, P.A.
 Account Number : I20090000097
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 Fax Number : (352)357-2474

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

Email Address: Candice.Stoneandgerken.com

**LLC REGISTERED AGENT CHANGE
 BISHOPS GATE ACADEMY, LLC**

Certificate of Status	0
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Estimated Charge	\$25.00

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STATE OF FLORIDA
 TALLAHASSEE, FLORIDA

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H17000320105 No. 0845 P. 2

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent or both, in the State of Florida.

1. Name of the limited liability company: Bishops Gate Academy, LLC
2. (a) 26945 Bella Vista Drive
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
Suite 4
Howey-in-the-Hills, FL 34737
04/07/2017
- (b) _____
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

L17000078621
3. Date of filing/registration in Florida 4. Document number

5. (a) Ben M. Pauluhn
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
26945 Bella Vista Drive
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Howey-In-the-Hills FL 34737

- (b) _____
Enter name of NEW Registered Agent and/or NEW Registered Office address:

Scott A. Gerken

NEW Registered Office Address:

4850 N. Highway 19A

Mount Dora

FL 32757

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Andrew Summers
Signature of a member or authorized representative of a member

Andrew Summers

Printed or typed name of signer

I hereby accept this 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 obligations of a registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00

THS18 (2/14)

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