

L92179

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

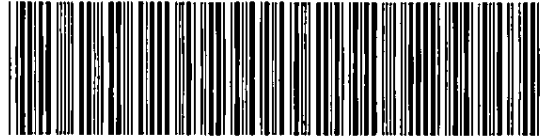
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Creative School Age Child Care Inc.
Name of Corporation

DOCUMENT NUMBER: L92179

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:

Amanda M Johnson
Name of Contact Person

Creative School Age Child Care, Inc.
Firm/Company

9510 Chandler Street
Address

Pensacola, FL 32534
City/State and Zip Code

Ajohnson@esacc.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ajohnson@esacc.com at (850) 479-7814
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**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 School Age Child Care, Inc
2. The principal office address: 9510 Chandler Street
Pensacola, FL 32534
3. The mailing address (if different): _____
4. Date of incorporation/qualification: July, 1990 Document number: L92179
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):

Amanda M Johnson

9510 Chandler Street

P.O. Box NOT acceptable

Pensacola, FL 32533

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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.

Amanda M. Johnson
Signature of an officer or director

5/10/24 ^{AMJ} Amanda M. Johnson
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.

Amanda M. Johnson
Signature of Registered Agent

5-10-24
Date

If signing on behalf of an entity:

Creative School Age Child Care, Inc.
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE