

MI0000001454

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

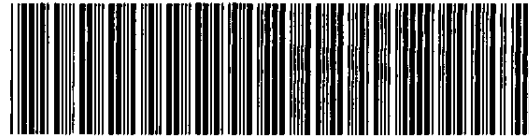
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. BRYAN

APR 12 2011

EXAMINER

## Article 9 Agents LLC

535 Eighth Avenue, Floor 15  
New York, NY 10018

Phone: 877.500.0A9A  
Fax: 212.656.1342  
A9A.com



Florida Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**RE: Statement of Change for THE CAMELOT SCHOOLS OF PENNSYLVANIA, LLC**

Dear Sir or Madam:

Please find enclosed Statement of Change for processing as well as a copy of Power of Attorney. Kindly return a copy to our attention once filed.

Do not hesitate to contact me at (646) 833-3531 if you need additional information.

Thank you for your assistance.

Very truly yours,

Carley Thysell

Article 9 Agents

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TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** THE CAMELOT SCHOOLS OF PENNSYLVANIA, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Carley Thysell  
Name of Person

Article 9 Agents  
Firm/Company

535 8th Avenue, Floor 15  
Address

New York, NY 10018  
City/State and Zip Code

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Carley Thysell at ( 646 ) 833-3531  
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

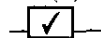
☐ \$55 Filing Fee & Certified Copy

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

*Pursuant to the provisions of sections 608.416 or 608.508, 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: THE CAMELOT SCHOOLS OF PENNSYLVANIA, LLC

2. (a) Principal office address of limited liability company: \_\_\_\_\_



**(Note: MUST BE STREET ADDRESS)**

4207 HIGHWAY 290 EAST  
DRIPPING SPRINGS TX 78620

(b) Mailing address of limited liability company: \_\_\_\_\_



**(Note: MAY BE POST OFFICE BOX)**

4207 HIGHWAY 290 EAST  
DRIPPING SPRINGS TX 78620

03/29/2010  
3. Date of filing/registration in Florida

M10000001454  
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: CORPORATION SERVICE COMPANY

Registered Office Address: 1201 HAYS STREET  
TALLAHASSEE FL 32301-2525 US

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

**NEW Registered Agent:** InCorp Services, Inc.

**NEW Registered Office Address:** 17888 67th Court North

**(MUST BE FLORIDA STREET ADDRESS)**

Loxahatchee, FL 33470

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.

Signature of a member or authorized representative of a member

Timothy Hanna Controller  
Printed or typed name of signee

*I hereby accept the appointment as registered agent and agree to act in this capacity and 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 my position as registered agent as provided for in Chapter 608, 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.*

Banca Blazer  
Signature of Registered Agent

**Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314**

**FILING FEE: \$25.00**

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11 APR 11 PM 2:03  
SECRETARY OF STATE  
TALLAHASSEE, FL 32314

**SPECIAL AND REVOCABLE  
LIMITED POWER OF ATTORNEY**

TO ALL PERSONS, be it known, that INCORP SERVICES, INC., A Nevada corporation as Grantor, does hereby make and grant a limited and specific power of attorney to Bianca Blazier and appoint and constitute said individual as my attorney-in-fact..

My named attorney-in-fact shall have full power and authority to undertake, commit and perform only the following acts on my behalf to the same extent as if I had done so personally; all with full power of substitution and revocation in the presence:

Authority to accept appointment as registered agent on behalf of InCorp Services, Inc. (a Nevada Corporation) for entities which \* Article 9 Agents (A9A) \* have purchased agent service on through their account with Incorp Services, Inc.

TERMINATION: Unless sooner revoked or terminated by me, this Special Power of attorney shall become NULL and VOID from and after December 31, 2012.

Tennie Sedlacek

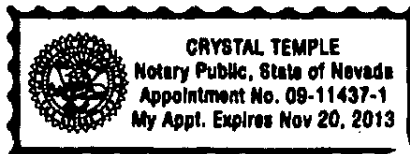
Tennie Sedlacek, President

Dated: July 1, 2010

Signed in my presence this the 1st day of July 2010 by Tennie Sedlacek, State of <sup>Nevada</sup>~~Nevada~~. County of Clark

Crystal Temple

Notary Public in the State of Nevada



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