

M65000

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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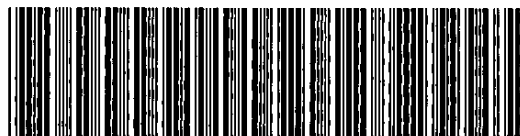
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Roberts SEP 19 2006

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: An Apple A Day Preschool Inc.
(Name of Corporation)

DOCUMENT NUMBER: M165000

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:

Karen Klein Seco
(Name of Contact Person)

An Apple A Day Preschool Inc.
(Firm/Company)

2415 JAVA PLUM AVE
(Address)

DEPT 3-421

SARASOTA FL 34232
(City/State and Zip Code)

For further information concerning this matter, please call:

Suzanne Murchie at (941) 371-6392
(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

1. If you are a corporation, please provide the following information:

(If applicable, provide the following information)

**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: An Apple A Day Preschool, Inc.
2. The principal office address: 2415 Java Plum Ave
Sarasota, FL 34232
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 01-18-88 Document number: ML5000

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Suzanne Murchie
6403 Tarawa Dr
Sarasota, FL 34241

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TALLAHASSEE, FLORIDA

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

Karen Klein Seco
2415 Java Plum Ave
(P.O. Box NOT acceptable)
Sarasota, FL 34232

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:

Suzanne Murchie
(Signature of an officer or director)

Suzanne Murchie
(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.

Karen Klein Seco
(Signature of Registered Agent)

9-14-06
(Date)

If signing on behalf of an entity:

Karen Seco
(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)