## N0000005281

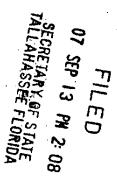
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## **COVER LETTER**

TO:		ment Section n of Corpora							
SUBJE	CT:	Glades	Academy	ot Agric	ultural orporation)	&	Ecological	Studies,	Inc
DOCU	MENT	NUMBER:	N0000	0005281					
The en	closed S	tatement of	Change of Re	gistered Office	Agent and	fee a	re submitted for fi	ling.	
Please	rcturn al	l correspond	lence concern	ing this matter	to the follov	ving	:		
		Alex	E. Bore	11, Esq (Name of Con	tact Person)				
		<u></u>	·	(Firm/Co	mpany)		<del></del>	-	
		2889	10th A	ve., Nort	h, Suit	.е :	302		
		<del></del>		(Addr	ess)			- <b>-</b>	
		_Lake	Worth	FL 33461 (City/State an	d Zip Code)			_	
For fur	ther info	rmation con	ncerning this r	natter, please c	all:				
Ale		Borell (Name of C	ontact Person	)	at ( 561 (Area	Cod	439-94 le & Daytime Tele	01 phone Number	<del>,</del>
Enclos	ed is a \$	35.00 check	made payabl	e to the Departi	ment of Stat	e.			
		Di P.	ailing Address mendment Se vision of Co O. Box 6327 allahassee, F	rporations	A D C	men ivisi lifto	Address: Idment Section ion of Corporation on Building Executive Cente		

Tallahassee, FL 32301

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

2. The principal office address: 1200 East Main Street, Pahokee FL 33476  3. The mailing address (if different): same as above  4. Date of incorporation/qualification: 8-7-00 Document number: N00000005281  5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:  Alphonso S. Milligan  2580 Metro Center Blvd., Suite 6  West Palm Beach Fl 33402  6. The name and street address of the new registered agent (if changed) and /or registered office ALST AND STATE OF STATE O	2. The principal		es,
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Alex E. Borell, Tres. and Sec.  (Signature of an officer or director)  (Printed or typed name and title)  Thereby accept the appointment as registered agent and agree to get in this supposity.			
I haraby accent the appointment as registered agent and agree to get 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.	I harahy accent	at the appointment as vagistaxed agent and agree to act in this canacity	
9-4-207		E 19-4-2007	
(Signature of Registered Agent) (Date)		Signature of Registered Agent) (Date)	
If signing on behalf of an entity:	(Sig		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

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