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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : COMPUTERSHARE Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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

Email Address:\_\_



## REGISTERED AGENT CHANGE GLADES ACADEMY, INC.

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K. SALY MAY 28 2025

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

statement of cha	nge is submitted for a corporation	17,0502, 607,1508, or 617,1508, Florida Statutes, this a organized under the laws of the State of Florida registered agent, or both, in the State of Florida.	
E The name of t	he corporation; Glades Academy,	Inc	
	office address: 7368 SR 15 BLDG.		
3. The mailing a	ddress (if different):		
4. Date of incorporation/qualification: 08/21/2017		Document number: N0000005281	
5. The name and		stered agent and registered office on file with the resigned)	
	Fanjul, Emilia		
	7.368 SR 15, Bldg. E		
	Pahokee, FL 33476	2	
6. The name and (if changed):		ed agent (if changed) and /or registered office	
	Corporate Creations Network Inc.		
	801 US Highway 1		
	P.O. Boy, NO1 acceptable		
	North Palm Beach, FL 33408		
The street addre	ss of its registered office and the be identical.	street address of the business office of its registered agent.	
		dopted by its board of directors or by an officer so een notified in writing of the change.	
Evin Law		Evin Law, Special Secretary	
	e of an officer or director	Printed or typed name and little	
l furthèr agrée t of my duties, an document is bei	o comply with the provisions of a d I am familiar with and accept t	ent and agree to act in this capacity, all statutes relative to the proper and complete performance the obligation of my position as registered agent. Or, if this we in the registered office address, I hereby confirm that the hange	
Evin Law		Evin Law, Special Secretary	
Sigi	nature of Registered Agent	Date	
lf signing on bel	nalf of an entity:		
ry	ped or Printed Name	-	

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