

(Requestor's Name)			
(Address)			
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(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			





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FEB 03 2017 R. WHITE



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Grace Kirby grace.kirby@cscglobal.com

Date: January 26, 2017

Order#: 463321/136

Re: THE CHARTER SCHOOL AT THE NATIONAL DEAF ACADEMY, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35 .

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Grace Kirby c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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

statement of cha	ange is submitted for a corpora	2, 617.0502, 607.1508, or 617.1508, Florida Statutes, this tion organized under the laws of the State of FL or registered agent, or both, in the State of Florida.	
1. The name of t	the corporation: THE CHARTE	R SCHOOL AT THE NATIONAL DEAF ACADEMY, INC.	
2. The principal	office address: 367 South Gul	oh Road, King of Prussia, PA 19406	_
3. The mailing a	address (if different):		
4. Date of incorp	poration/qualification: 04/24/2	001 Document number: N01000002894	_
	d street address of the current returnent of State: (If resigned, en	egistered agent and registered office on file with the ter resigned)	
	C T Corporation System		
	c/o C T Corporation System,	1200 South Pine Island Road	
	Plantation	FL 33324	
6. The name and (if changed):	I street address of the new regis Corporation Service Compan	stered agent (if changed) and /or registered office	····· 3
	1201 Hays Street	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	L
		O. Box NOT acceptable	ic.
	Tallahassee	FL 32301	
The street addre	ess of its registered office and the identical.	the street address of the business office of its registered agent,	
Such change wa authorized by th		y adopted by its board of directors or by an officer so s been notified in writing of the change.	
Xie	2 agree	Jill Cilmi Vice President	
Signatur	re of an officer or director	Printed or typed name and title	
l further agree t performance of agent. Or, if thi hereby confirm	to comply with the provisions of	agent and agree to act in this capacity. of all statutes relative to the proper and complete with and accept the obligation of my position as registered wely to reflect a change in the registered office address, I notified in writing of this change.	
By: Drace	.Z-Kuby	01/26/2017	
Sign	nature of Registered Agent	Date	
If signing on bel	half of an entity:		
Grace E. Kirby,	Asst. Vice President		
Ту	ped or Printed Name		

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