

NO1000002981

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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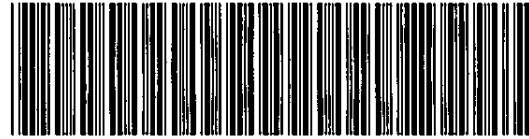
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAY 22 2014

C. CARROTHERS

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Bay Haven Charter Academy, Inc.

Name of Corporation

**DOCUMENT NUMBER:** N01000002981

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:

Timothy J. Sloan

Name of Contact Person

Timothy J. Sloan, P.A.

Firm/Company

427 McKenzie Avenue

Address

Panama City, FL 32401

City/State and Zip Code

kittsts@bay.k12.fl.us

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Timothy J. Sloan

Name of Contact Person

at ( 850 ) 769-2501

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

**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: Bay Haven Charter Academy, Inc.
2. The principal office address: 2501 Hawks Landing Blvd.  
Panama City, FL 32405
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 04/26/2001 Document number: N01000002981

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Scotti Haney

2501 Hawks Landing Blvd.

Panama City, FL 32405

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

Timothy J. Sloan

427 McKenzie Avenue

P.O. Box NOT acceptable

Panama City, FL 32401

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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.

David M. Haight  
Signature of an officer or director

David M. Haight, President  
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.

[Signature]  
Signature of Registered Agent

5/6/14  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
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