N01000006279

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Micanopy Middle School, Inc.
Name of Corporation

DOCUMENT NUMBER: N01000006279

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:

Tara R. Lowe-Phillips
Name of Contact Person

Micanopy Middle School, Inc.
Firm/Company

708 NW Okeehumkee Street
Address

Micanopy, FL 32667
City/State and Zip Code

mms.t.lowe@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tara R. Lowe-Phillips at (352) 466-1090
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

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: Micanopy Middle School, Inc.
2. The principal office address: 708 NW Okeechumkee Street
   Micanopy, FL 32667
3. The mailing address (if different): PO Box 109
   Micanopy, FL 32667
4. Date of incorporation/qualification: 2001 Document number: N01000006279
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)
   Bobby Johnson (resigned)
   11100 NW 188th St.
   Micanopy, FL 32667
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
   Tara R. Lowe-Phillips
   708 NW Okeechumkee St.
   P.O. Box NOT acceptable
   Micanopy, FL 32667

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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.

Brandy Haney — Signature of an officer or director

Brandy Haney — 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.

Tara R. Lowe-Phillips — Signature of Registered Agent

Sept. 14, 2015 — 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

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