Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

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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 FLORIDA SCHOOL FOR INTEGRATED ACADEMICS AND TECHNOLO

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Corporate Filing Menu

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COVER LETTER

TO: Amen Divisi	dment Section on of Corporations
SUBJECT:	ORIDA SCHOOL FOR INTEGRATED ACADEMICS AND TECHNOLOGIES Gainesville, Inc.
	Name of Corporation
DOCUMENT	NUMBER:
The enclosed	Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return a	Il correspondence concerning this matter to the following:
	Mike Hadjinghai
	Name of Contact Person
	SIATech Gainesville
	Firm/Company
	2611 Temple Heights Drive, Suite A
	Address
	Octanside, CA 92056
	City/State and Zip Code
	Mike.Hadjiaghai@siatech.org
	E-mail address: (to be used for future annual report notification)
For further infi	ormation concerning this matter, please call:
Mike Hadjiagha	
	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

CR2E045 (03/12)

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of FL	
	er to change its registered office or registered agent, or both, in the State of Florida. the corporation: FLORIDA SCHOOL FOR INTEGRATED ACADEMICS AND TECHNOLOGIES Gainesville,	ka
	office address: 5301 NE 40TH TERRACE GAINESVILLE, FL 32609	
3. The malling a	address (if different): 2611 TEMPLE HEIGHTS DRIVE, SUITE A OCEANSIDE, CA 92056	
4. Date of incor	poration/qualification: 10/21/2002 Document number: N02000008072	
	d street address of the current registered agent and registered office on file with the atment of State: (If resigned, enter resigned)	
	F&L CORP.	
	ONE INDEPENDENT DRIVE, SUITE 1300 JACKSONVILLE, FL 32202	
	JACKSONVILLE, FL 32202	•
6. The name and (if changed):	d stress address of the new registered agent (If changed) and for registered office	
	CT Corporation System	
	P.O. Rox NOT acceptable Plantation, Florida 33324	
The street address changed will	ess of its registered office and the street address of the business office of its registered agent, i be identical.	
Such change we authorized by the	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change. K. Lunger (CSI dent was an officer or director) We do notified or director.	
I hereby accept I further agree performance of agent. Or, if th hereby confirm	t the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and complete f my dulies, and I am familiar with and accept the obligation of my position as registered its document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change.	
	Openioration System 5/23/2013 pulsure of Registered Agent Date	
Siarra B	chalf of an entity: uffils sicient & Assistant Secretary year Printed Name	
	* * * PILING FEE: \$35.00 * * *	
M CR2E045 (03/12)	Make Checks Payable to Florida Department of State Lail to: Division of Corporations, P.O. Box 6327, Tallahassie, FL 32314	

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