

No 2000009511

(Requestor's Name)

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(City/State/Zip/Phone #)

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*RA to change*

T. Roberts JUN 15 2006

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

06 JUN -8 AM 9:52

FILED



## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Academy for International Studies, Inc..  
(Name of Corporation)

**DOCUMENT NUMBER:** N02000009511

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:

Kathleen W. Schoenberg  
(Name of Contact Person)

Kathleen W. Schoenberg, P.A.  
(Firm/Company)

1050 Brooks Lane  
(Address)

Delray Beach, FL 33483  
(City/State and Zip Code)

For further information concerning this matter, please call:

Kathleen W. Schoenberg at ( 561 ) 350-3343  
(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



*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.*

- Keith W. Davis, Esq.

309 Lake Ave.

Lake Worth, FL 33460

- Kathleen W. Schoenberg, Esq.

1050 Brooks Lane

(P.O. Box NOT acceptable)

Delray Beach, FL 33483

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.

(Signature of an officer or director)

Damian Brink, Treasurer AKS  
(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.

Kate W. Schen  
(Signature of Registered Agent)

5-25-06  
(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**

**CR2E045 (8/05)**