

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (850)222-1092 Phone Fax Number : (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

ORIDA COMMITTEE FOR EDUCATIONAL FREEDOM, INC. Certificate of Status Certified Copy 0 Page Count 03 Estimated Charge \$35.00

REGISTERED AGENT CHANGE

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO:	Amendment Section Division of Corporations
en o n	THE FLORIDA COMMITTEE FOR EDUCATIONAL FREEDOM, INC.
SOPTI	Name of Corporation
DOCL	N03000000894 IMENT NUMBER:
The en	closed Statement of Change of Registered Office/Agent and fee are submitted for filing.
	return all correspondence concerning this matter to the following:
	······································
	Name of Contact Person
	Firm/Company
	Address
	City/State and Zip Code
	Chyland and Lip Cook
	E-mail address: (to be used for future annual report notification)
For fu	ther information concerning this matter, please call:
	Name of Contact Person at () Area Code & Daytime Telephone Number
	Name of Contact Person Area Code & Daytime Telephone Number
Enclos	ed is a \$35.00 check made payable to the Department of State.
	Mailing Address: Amendment Section Street Address: Amendment Section
	Amendment Section Amendment Section Division of Corporations Division of Corporations
	P.O. Box 6327 Clifton Building
	Tallahassee, FL 32314 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 c	change is submitted for a corporation or	0502, 607.1508, or 617.1508, Florida Statutes, this ganized under the laws of the State of Florida gistered agent, or both, in the State of Florida.	
		IMITTEE FOR EDUCATIONAL FREEDOM, INC.	
	pal office address: 601 Bayshore Blvd, Ste		
3. The mailing	g address (if different):		
4. Date of inc	orporation/qualification: 02/04/2003	Document number: N03000000894	
5. The name a	and street address of the current register partment of State: (If resigned, enter res	ed agent and registered office on file with the	
	Ann R. Mackey	:	
	339 S. PLANT AVE TAMPA, FL 336	A96	TAL!
			A R
6. The name a		agent (if changed) and /or registered office	CRETARY OF STATE LAHASSEE, FLORID
	C T Corporation System		-F.S
	c/o C T Corporation System, 1200 Sou	ath Pine Island Road	SET.
	РО Вох	NOT acceptable	B m
	Plantation, Florida 33324		
The street ad as changed w	dress of its registered office and the str vill be identical.	reet address of the business office of its registered age	nt,
Such change authorized by	was authorized by resolution duly ado y the board, or the corporation has beer	pted by its board of directors or by an officer so notified in writing of the change.	
9,2 1	May be a director	Printed or typed name and title	_
_	121	Printed or typed name and title? I and agree to act in this capacity, statutes relative to the proper and complete and accept the obligation of my position as registered reflect a change in the registered office address, I ed in writing of this change.	
By: C T &	Europaration System	07/15/2014	
<u> </u>	Signature of Registered Agent	Date	•
If signing on	behalf of an entity:		
Jordan Brown, CT Corporation			
	Typed or Primed 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 (03/12)