

NO3000004989

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

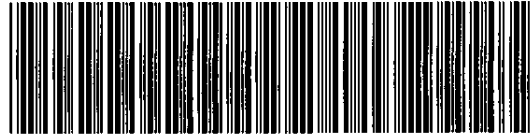
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FILED  
11 JUL 19 AM 11:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

to 7-19-11



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 6, 2011

WILLIAM BILL HUNTER  
CHOICE SERVICES  
73 MARIE CIRCLE  
CRAWFORDVILLE, FL 32327-2248

SUBJECT: ACADEMY FOR POSITIVE LEARNING, INC.  
Ref. Number: N03000004989

We have received your document for ACADEMY FOR POSITIVE LEARNING, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Registered agent signature must be original.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts  
Regulatory Specialist II

Letter Number: 411A00016109

• **COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Academy for Positive Learning, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** NO3000004989

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:

William "Bill" Hunter  
Name of Contact Person

Choice Services  
Firm/Company

73 Marie Circle  
Address

Crawfordville, FL 32327-2248  
City/State and Zip Code

hunter@choiceservicesflorida.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Renatta Espinoza at (561) 585-6104  
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: Academy for Positive Learning, Inc.
2. The principal office address: 1200 North Dixie Highway  
Lake Worth, Florida 33460
3. The mailing address (if different): same
4. Date of incorporation/qualification: 06/09/2003 Document number: N03000004989
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)

Resigned - Craig Kahle, CPA

1501 Presidential Way, Suite 16

West Palm Beach, FL 33401

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

William D. Hunter, CPA

73 Marie Circle


P.O. Box NOT acceptable

Crawfordville, FL 32327-2248

**FILED**  
**11 JUL 19 AM 11:57**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**


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.

  
Signature of an officer or director

Renatta Espinoza  
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 of Registered Agent

07/11/2011  
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)

## COVER LETTER

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Division of Corporations

**SUBJECT:** Academy for Positive Learning, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** N03000004989

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Please return all correspondence concerning this matter to the following:

William D. Hunter, CPA  
Name of Contact Person

Choice Service Group, LLC  
Firm/Company

73 Marie Circle  
Address

Crawfordville, FL 32327-2248  
City/State and Zip Code

hunter@choiceservicesflorida.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

William D. Hunter, CPA at ( 850 ) 766-5965  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

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