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Date: 10/12/2016	Account #: 120000000088
Name: Marisa Kugelmann	
Reference #: C017257	
ENTITY NAME: EDUCATIONAL CHARTER FOUNDATION OF FLORIDA, INC.	
Articles of Incorporation/Authorization to Transact Business	
Amendment	
Annual Report	
Change of Agent	
Reinstatement	
Conversion	·
Merger	
Dissolution/Withdrawal	
Fictitious Name	
Other:	
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Authorized Amount: #35.00	
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Dissolution/Withdrawal	·
Fictitious Name	
Other:	
Authorized Amount:	
Signature:	

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

statement of char	rovisions of sections 607 age is submitted for a cor	rporation organized i	under the laws of the Sta	te of Flor	
	to change its registered ne corporation:		ngent, or both, in the Sta		RIDA, INC.
2. The principal					
	RTWOOD MARS	H ROAD	Clermont	FI	34711
3. The mailing ac	Idress (if different):				
-	RTWOOD MARS	H ROAD	Clermont	FL	34711
4. Date of incorp	oration/qualification: A	ugust 27, 2003	Document number:	N030000	07438
	street address of the curr ment of State: (If resigne	_	and registered office on	file with the	
	_	ial , Kathleen	MRS		
	2750 HA	RTWOOD MA	RSH ROAD		
	CLE	RMONT,, FL	34711		
6. The name and (if changed):	street address of the nev	-		red office	Extraction of the second of th
	National Corpo			7	177
	115 North Cal	P.O. Box NOT accept			
	Tallahassee, F			F 3-	
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 wa authorized by th	s authorized by resolution board, or the corporat	on duly adopted by i	ts board of directors or I in writing of the chang	by an officer s ge.	0
	re of an officer or director		Printed of typed name	e and bite	
I hereby accept I further agree performance of agent. Or, if th hereby confirm	the appointment as regi to comply with the provi my duties, and I am fam is document is being file that the corporation has	istered agent and ag isions of all statutes niliar with and accep id merely to reflect a s been notified in wr	ree to act in this capaci relative to the proper at it the obligation of my p i change in the registere iting of this change.	ty. nd complete position as regi ed office addre	stered ss, I
Secu	mature of Registered Agent		10/12/201 Date	1.6	

If signing on behalf of an entity:

Sean Honan, Assistant Secretary

Typed or Printed Name

* * * FILING FEE: \$35.00 * * *