

NO 4000000819

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

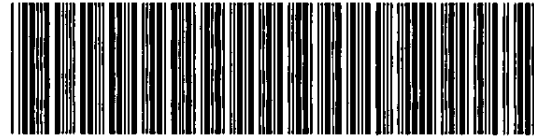
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

R/Achg  
MAR 28 2014

R. WHITE

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Center for ACT and Media Literacy  
Name of Corporation

DOCUMENT NUMBER: 404000000 819

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 KING  
Name of Contact Person

The Center for ACT & Media Literacy  
Firm/Company

95 UNO LOGO DR.  
Address

Juno Beach, FL 33408  
City/State and Zip Code

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

For further information concerning this matter, please call:

WILLIAM KING at (561) 632-6303  
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 FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: The Center for Art & Media Literacy
2. The principal office address: 95 Uno Lago Dr., Juno Beach, FL  
33408
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: \_\_\_\_\_ Document number: NO4000000819
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)

WILLIAM KING  
95 UNO LAGO DR.  
JUNO BEACH, FL 33408

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

WILLIAM KING  
355 E. THATCH PALM CIRCLE  
JUPITER, FL 33458

P.O. Box NOT acceptable

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SECRETARY OF STATE

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.

William King  
Signature of an officer or director

William King (President)  
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.

William King  
Signature of Registered Agent

3/24/14  
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