## N04000001557

| (Requestor's Name)                      |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|
| (Address)                               |  |  |  |  |  |  |  |
| (Address)                               |  |  |  |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |  |  |  |
| (Document Number)                       |  |  |  |  |  |  |  |
| ertified Copies Certificates of Status  |  |  |  |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |  |  |  |
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2021 OCT 14 AM 9: 03
SEWINANSSEE FL

## COVER LETTER

TO:

Amendment Section Division of Corporations

| SUBJECT: The Willow School, Inc. Name of Corporation |   |
|--|---|
| DOCUMENT NUMBER: N04000001557                        |   |
| The enclosed Statement of Change of Registere        | d Office/Agent and fee are submitted for filing.        |
| Please return all correspondence concerning this     | s matter to the following:                              |
| Cheryl Meade   |   |
| Name of Contact Person                               |   |
| The Willow School, Inc                               |   |
| Firm/Company   |   |
| 950 43rd Avenue                                      |   |
| Address  |   |
| Vero Beach, Florid 32960                             |   |
| City/State and Zip Code                              |   |
| Cheryl@TheWillowSchool.e                             | org   |
| E-mail address: (to be used for future annua         | l report notification)                                  |
| For further information concerning this matter,      | please call:  |
| Cheryl Meade   | at (772 )770-0758  Area Code & Daytime Telephone Number |
| 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                   | Street Address:   |
| Division of Corporations                             | Amendment Section Division of Corporations              |
| P.O. Box 6327  | The Centre of Tallahassee                               |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

Tallahassee, FL 32314

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

| statement of cha  | nge is submitte  | ections 607,0502,<br>d for a corporati<br>registered office   | ion organized  | under the laws o  | of the State of Fl                                      | orida                                  | <u> </u>                       |
|---|--|---|--|---|---|--|--------------------------------|
| _ <del></del> _   |  | The Willow Sch  | •  |   | , n. 3. 3. 3, 1 to                                      |  |                                |
| 2. The principal  | office address:  | 950 43rd Avenue   | . Vero Beach,  | Florida 32960   |   |  |                                |
| 3. The mailing a  | ddress (if diffe   | rent): same   |  |   |   |  |                                |
| 4. Date of incorp   | oration/qualifi  | eation: February  | 9, 2004  | Document nun  | nber:N0400000   | 1557                                   | ·                              |
| 5. The name and   | street address   | of the current reg<br>(If resigned, ente  | gistered agent   |   |   |  |                                |
|   | Resigned -   | Stephanie Head  | У  |   |   | <b>2</b> 02                            |                                |
|   |  | 950 43rd Avenu  | 10   |   |   | 2021 OCT 14<br>SEGALIFIA               | 7                              |
|   |  | Vero Beach, Flor  | rida 32960   |   |   |  | <u> </u>                       |
| 6. The name and (if changed):   |  | of the new regist   | tered agent (if  | changed) and /o   | Lu:   | AM 9: 03                               |                                |
|   | New Agent -  |   |  | <del></del>   |   |  | •                              |
|   |  | 950 43rd Avenu  | P.O. Box: NOT  |   |   |  |                                |
|   |  | Vero Beach, Flo   |  | ассервание  |   |  |                                |
| The street addre  | ess of its registe<br>be identical.                                  | ered office and the   | he street addr   | ess of the busin  | ess office of its i                                     | registered                             | agent,                         |
| Such change wa<br>authorized by th                                    | is authorized be board, or the                                       | y resolution duly<br>corporation has  | y adopted by i<br>s been notified  | ts board of dire<br>I in writing of th                    | ctors or by an of<br>ne change.                         | ficer so                               |                                |
| _ C/m   | sodl.  |   | Ch   | eryl L Meade  | VP  |  |                                |
| I horoby arront   | the annother or di   | nt as ragistarad.   | avent and an   | ean to act in this  | typed name and title                                    |  |                                |
| I further agree to of my duties, an document is being corporation has | o comply with<br>d I am familian<br>ng filed merely<br>been notified | n us regiments of<br>the provisions of<br>twith and accept<br>to reflect a chai<br>in writing of this | of all statutes in the obligation of the obligation of the regression of the regress | relative to the position of my position istered office ac | roper and comp<br>n as registered i<br>ldress, I hereby | lete perfor<br>agent. Or<br>confirm ti | rmance<br>; if this<br>hat the |
| Affor   | Tos  |   |  | October 5, 2021   |   |  |                                |
| र्श्व   | nature of Registered   | Agent   | <del></del>  |   | Date  |  |                                |
| If signing on be  | half of an entit   | y:  |  |   |   |  |                                |
|   | ped or Printed Nam   | 10  |  |   |   |  |                                |

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