

N 05000008316

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

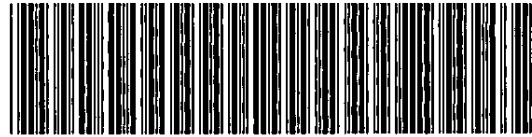
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100298808111

05/04/17--01009--007 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2017 MAY -4 PM 5:14

V HERRING

MAY - 8 2017

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Crossroads Academy, Inc.
Name of Corporation

DOCUMENT NUMBER: N05000008316

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:

Mary Beth Anderson

Name of Contact Person

Crossroads Academy, Inc.

Firm/Company

3681 NE 7th Street

Address

Ocala, FL 34470

City/State and Zip Code

m.anderson@crossroadsacademyocala.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mary Beth Anderson

Name of Contact Person

at (352) 694-4466

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: Crossroads Academy, Inc.
2. The principal office address: 3681 NE 7th Street, Ocala, FL 34470

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 8/9/2005 Document number: N05000008316

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)

John Q. Adams II

910 SW 1st Avenue, Suite 201

Ocala, FL 34471

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

Walter Villela

910 SW 1st Avenue, Suite 201

P.O. Box NOT acceptable

Ocala, FL 34471

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
MAY 4 PM 5:14

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.

Mary Beth Anderson
Signature of an officer or director

Mary Beth Anderson Director
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.

Walter Villela

Signature of Registered Agent

4-27-17

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 (03/12)