10600006236

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SECRETARY OF STATE
ALLAHASSEF FLORIDA

or or

1-17-01

COVER LETTER

TO:	Amendment Section Division of Corporations
	Mantagagi Multipultural Cabagi Ing
SUBJ	ECT: Montessori Multicultural School, Inc (Name of Corporation)
DOC	UMENT NUMBER: N06000006236
	nclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
riease	return all correspondence concerning this matter to the following:
	Fran Hom
	(Name of Contact Person)
	(Firm/Company)
	(rimi/company)
	13411 Shire Lane
	(Address)
	Fort Myers, FL33912
	(City/State and Zip Code)
For fu	rther information concerning this matter, please call:
Fran	Δι (
	(Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclos	sed is a \$35.00 check made payable to the Department of State.
	Mailing Address: Street Address:
	Amendment Section Division of Corporations Amendment Section Division of Corporations
	P.O. Box 6327 Clifton Building
	Tallahassee, FL 32314 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 in order to change its registered office or registered agent, or both, in the State of Florida.		
1. The name of t	he corporation: Montessori Multicultural School, Inc	
2. The principal	office address: 13411 Shire Lane, Fort Myers, FL33912	
3. The mailing a	ddress (if different):	
4. Date of incorp	poration/qualification: 2006 Document number: N06000006236	
	street address of the current registered agent and registered office on file with the trnent of State:	
	Charles McMurray	
	12030 Rosemount Drive	
	Fort Myers, FL33913	
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office	
	Fran Horn RAIF 6	
	1091 7th Way	
	(P.O. Box NOT acceptable) North Fort Myers, FL33903	
The street address changed will	ess of its registered office and the street address of the business office of its registered agent, be identical.	
	s authorized by resolution duly adopted by its board of directors or by an officer so e board, or the corporation has been notified in writing of the change.	
(Signatur	Julia Jill Guenther - Director (Printed or typed name and tille)	
I hereby accept in I further agree to of my duties, and document is bein corporation has	the appointment as registered agent and agree to act in this capacity. o comply with the provisions of all statutes relative to the proper and complete performance d I am familiar with and accept the obligation of my position as registered agent. Or, if this ng filed merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change.	
<u> </u>	nature of Registered Agent) //10/08 (Date)	
If signing on bel	nalf of an entity:	
(Ту	yped or Printed Name)	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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