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To:

Division of Corporations

Fax Number

: (850)205-0380

From:

: CORPDIRECT AGENTS, INC. Account Name

Account Number : 110450000714 : (850)222-1173

Phone Fax Number

: (850)224-1640

000409.73487

07 AUG 23 AI	REGISTERED AGENT CHANGE  NATIONAL BEN GAMLA CHARTER SCHOOL FOUNDATION		
	Certificate of Status	0	
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	Page Count	02	
	Estimated Charge	\$35.00	

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Corporate Filing Menu

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8/23/2007 11:25:20 AM

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## 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.			
The name of the corporation: The National Ben Gamla Charter School Foundation, Inc.			
2. The principal office address: 2620 Hollywood Boulavard, Hollywood, Florida 33020			
3. The mailing address (if different): 6255 Bird Road, Mismi, Florida 33155			
4. Date of incorporation/qualification: 08/08/2003 Document number: N06000008646			
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:			
Corporation Service Company			
1201 Hays Street			
Tallahassee, FL 32301-2525			
5. The name and street address of the new registered agent (if changed) and /or registered office (if changed):			
CorpDirect Agents, Inc.			
515 E. Park Avenue			
(P.O. Bux NOT scorptible) Tallahas See, FL 32301			
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 esolution duly adopted by its board of directors or by an afficer so authorized by the board or the corporation has been notified in writing of the change.			
Sander Gerbert hair An (Super or an annual and the)			
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 mersty to reflect a change in the registered office address, I hereby confirm that the capporation has been notified in writing of this change.			
Katic Womich Assistant Secretary 8/23/07			
If signing on behalf of an entity:			
Katie Wonsch, Assistant Secretary (Typedor Pursed Name)			
* * * FILING FEE: \$35.00 * * *			
3 A LUC ALMOND A LULIA COMO CLADON A DEBLOCATOR AU CTATE			

MARE CHECKS PAYABLE TO EDRING DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALEAHASSEE, FL 32314
CR21045 (838)

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