

ND60000009150

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

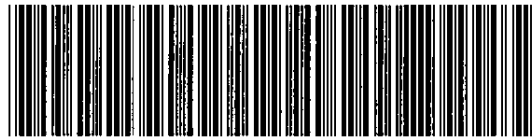
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TALLAHASSEE, FLORIDA  
09 OCT -5 AM 8:54

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@10/5/09



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 3, 2009

ROBIN KAPLAN  
KEYS COMMUNITY SCHOOL OF THE ARTS, INC.  
P.O. BOX 2575  
KEY WEST, FL 33045-2575

SUBJECT: KEYS COMMUNITY SCHOOL OF THE ARTS, INC.  
Ref. Number: N06000009150

We have received your document for KEYS COMMUNITY SCHOOL OF THE ARTS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A post office box is not an acceptable address for the registered agent.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton  
Regulatory Specialist II

Letter Number: 909A00029566

**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: Keys Community School of the Arts, Inc.  
2. The principal office address: ~~1901 Fogarty Ave Ste 1~~ 2 Hibiscus Lane  
Key West, FL 33045-2575  
3. The mailing address (if different): \_\_\_\_\_  
4. Date of incorporation/qualification: 8/25/06 Document number: NO6000009150  
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)

Diane Covan  
1901 Fogarty Ave Ste 1  
Key West, FL 33040

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

Robin Kaplan  
2 Hibiscus Lane  
P.O. Box NOT acceptable  
Key West, FL 33040

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.

Robin Kaplan  
Signature of an officer or director

Robin Kaplan  
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.

Robin Kaplan  
Signature of Registered Agent

August 5, 2009  
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  
CR2F045 (8/05)

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