NO 700000/9//

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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11/05/07--01024--004 **35.00

RA to chy

ECRETARY OF STATE

T. Roberto NOV = 7.2007

COVER LETTER

Division of Corporations
SUBJECT: Divine Academy PTP, INC (Name of Corporation)
DOCUMENT NUMBER: NO700001911
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:
Pamela Davis (Name of Contact Person)
Divine Academy (Firm/Company)
3347 N. University Drive
Hollywood, FL 33024 (City/State and Zip Code)
For further information concerning this matter, please call:
Parcia Dayl S (Name of Contact Person) at (954), 499-4638 (Area Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made payable to the Department of State.

Street Address: Amendment Section

Clifton Building

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Mailing Address:
Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

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 FLOYICA in order to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of the corporation: Divine Academy PTP, INC.	
2. The principal office address: 3341 N. University Drive Hollywood, FL 33024	
3. The mailing address (if different):	
4. Date of incorporation/qualification: 2/22/07 Document number: N07000019	11
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:	
Spiegel + Utrera, P.A.	
1840 S.W 22 Street, 4th floor	
miami, FL 33145	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	FILED
Hamcla Davis 15975 W. Wind Circle (P.O. Box NOT acceptable) Sunrise, FL. 33326	
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.	
Panela Davis (Signature of an officer or director) Panela Davis (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.	
Gignature of Registered Agent) 11 2 07 (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