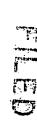
1000004833

(Ad	ldress)		-
(Ad	ldress)		-
(Ci	ty/State/Zip/Phone	e #)	•
PICK-UP	☐ WAIT	MAIL	
(Ви	siness Entity Nam	ne)	•
(Do	ocument Number)		•
Certified Copies	_ Certificates	of Status	
Special Instructions to	Filing Officer:		

(Requestor's Name)

700181020807

05/20/10--01017--011 **35.00



Office Use Only

J. 2/110

COVER LETTER

Amendment Section Division of Corporations

TO:

DEAD 2 MCHIEVE /HC.
SUBJECT: READ 2 ACHIEVE, INC. Name of Corporation
DOCUMENT NUMBER: 12070000 4833
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:
MICHBEL WAIN Name of Contact Person
READ 2 ACHIEVE IHC.
68 YACHT CLUB DR., UNIT23 Address
NORTH PALM BEACH FL. 33408 City/State and Zip Code
blue 240 bellsouth. wet E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
MICHAEL WAIN Name of Contact Person at (S6) 386 3/5/ Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address: Amendment Section Street Address: Amendment Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

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 FLOKIDA
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: READ & ACHIEVE, IVC.
2. The principal office address: 68 YMCHT CLUB DR., APT 3
3. The mailing address (if different): P.O. Box 14627
NORTH PALM BEACH FL. 334084
4. Date of incorporation/qualification: 8/87/07 Document number: NO70000
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)
SPIEGEL OUTRERA, B.A.
1840 SW 22 NOST 474 HOOR
MIAMI FL. 33145
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
MICHAEL WAIN
68 YACHT CLUB DE, UNIT 33 55 BO. BOX NOT acceptable
WORTH PALM BEACH Ph. 33408
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.
Mochael PRES. MICHAEL WAIN PLES. Signature of an officer or 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 potified in writing of this change.
Medical Lain 5/13/2010 Signature of Robistered Agent 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 (8/05)