NO7000010596

(R	equestor's Name)
(A	ddress)
(A	ddress)
(C	ity/State/Zip/Phone #)
PICK-UP	☐ WAIT ☐ MAIL
(B	usiness Entity Name)
(D	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	o Filing Officer:
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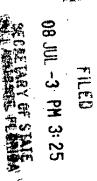




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CA to ch



T.Roberts IIII 0 3 2008

COVER LETTER

Amendment Section

TO:

Division of Corporations	
The Lette Acce Accedence for	` ,
SUBJECT: The Lake Area Academy, Inc.	Corporation)
(Name of	Corporation
DOCUMENT NUMBER: 26-1330481	N-67000010594
The enclosed Statement of Change of Registered Off	ice/Agent and fee are submitted for filing.
Please return all correspondence concerning this matt	ter to the following:
Zoe Duncan	
(Name of C	ontact Person)
The Lake Area Academy, Inc	,
	Company)
8714 Highway 21 North	
(Ac	ldress)
	•
Melrose, Florida 32666	
(City/State	and Zip Code)
For further information concerning this matter, please	e call:
	470.0400
Zoe Duncan (Name of Contact Person)	at (352) 473 6433 (Area Code & Daytime Telephone Number)
(Name of Contact Ferson)	(Allea Code & Bayanne Petephone Pamber)
Enclosed is a \$35.00 check made payable to the Depa	artment of State.
Mailing Address:	Street Address:
Mailing Address: Amendment Section	Street Address: Amendment Section
Division of Corporations	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

statement of cha	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of Florida er to change its registered office or registered agent, or both, in the State of Florida.
1. The name of	the corporation: The Lake Area Academy, Inc.
2. The principal	l office address: 8714 Highway 21 North, Metrose, Florida 32666
3. The mailing a	address (if different):
4. Date of incor	rporation/qualification: 10-31-2007 Document number: N-0700010591
	d street address of the current registered agent and registered office on file with the urtment of State:
	Pamela Hall 8
	7453 Caribbean Circle
	Keystone Heights, Florida 32656
6. The name and (if changed):	ad street address of the new registered agent (if changed) and /or registered office
	Zoe Duncan
	8714 Highway 21 North
	(P.O. Box NOT acceptable) Melrose, Florida 32666
as changed wil	ress of its registered office and the street address of the business office of its registered agent.
Suna	
I hereby accept I further agree of my duties, at document is be corporation ha	of the appointment as registered agent and agree to act in this capacity. It is comply with the provisions of all statutes relative to the proper and complete performance and familiar with and accept the obligation of my position as registered agent. Or, if this period in the registered office address, I hereby confirm that the as been notified in writing of this change.
<u>Zé</u> (s	Signature of Registered Agent) De Sune 08 (Date)
If signing on be	behalf of an entity:
Zoe	Typed or Printed Name)

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