

N080000002591

(Requestor's Name)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

DR
1/16/14

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CENTRAL FLORIDA LEADERSHIP ACADEMY, INC.
Name of Corporation

DOCUMENT NUMBER: N08000002591

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:

HAL K. LITCHFORD

Name of Contact Person

BAKER, DONELSON, BEARMAN, CALDWELL & BERKOWITZ, PC

Firm/Company

P. O. BOX 1549

Address

ORLANDO, FL 32802

City/State and Zip Code

hlitchford@bakerdonelson.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

HAL K. LITCHFORD

Name of Contact Person

at (**407**) **367-5401**

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**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: CENTRAL FLORIDA LEADERSHIP ACADEMY, INC.
2. The principal office address: 427 PRIMROSE DRIVE
ORLANDO, FL 32803
3. The mailing address (if different): POST OFFICE BOX 1549
ORLANDO, FL 328012
4. Date of incorporation/qualification: 03/13/2008 Document number: N08000002591
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)

HAL K. LITCHFORD

390 NORTH ORANGE AVE., SUITE 1875

ORLANDO, FL 32801

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

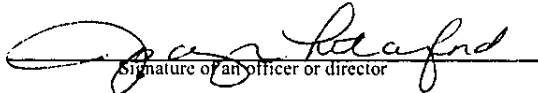
200 SOUTH ORANGE AVE., SUITE 2900

P.O. Box NOT acceptable

ORLANDO, FL 32801

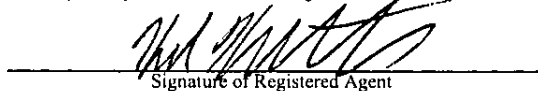
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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.


Signature of an officer or director

Jody M. Litchford
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.


Signature of Registered Agent

12/2 December 2013
Date

If signing on behalf of an entity:

Hal K. Litchford

Typed or Printed Name

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