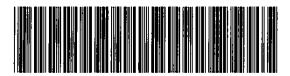
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| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| (City/State/Zip/Filone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

| TO: Amendment Section Division of Corporations Suppress: Suppress |
|--|
| SUBJECT: Sunset Sudbury School, Inc. Name of Gorporation |
| DOCUMENT NUMBER: NOB 0000 (834 |
| 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: |
| Name of Contact Person Sunset Sudouru School, Inc. Firm/Company |
| Z300 SW 15 Ave |
| Ft. Laudovdale, FU 33315 City/State and Zip Code |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Name of Contact Person at (954) 404-7785 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 32301

2661 Executive Center Circle

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

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 Floridg |
|--|
| in order to change its registered office or registered agent, or both, in the State of Florida. |
| 1. The name of the corporation: Sunset Suday School, Inc. |
| • 2. The principal office address: Z300 SW 15 AVENUE |
| Fort Lauderdale, FC 33315 |
| 3. The mailing address (if different): POBOX 22063 |
| Ft. Lauderdale, FL 33335 |
| 4. Date of incorporation/qualification: $\frac{7}{21/2008}$ Document number: |
| 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) |
| Paul R. AlFieri, P.L |
| 5143 NW 42 Terrace |
| Coronut Creek, FU 33073 |
| 6. The name and street address of the new registered agent (if changed) and /or registered office |
| (if changed): |
| - Michelle HOVIF 3 |
| P.O. Box NOT acceptable |
| Fort ladedale, FC 33315 |
| 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 other or streetor Director - Michelle Hand Printed or typed name and tillet |
| 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 12/20/i 6 |
| If signing on behalf of an entity: |
| Synset Subury School, INC. |
| * * * FILING FEE: \$35.00 * * * |

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E(45 (03/12)