

**NO9000000904**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

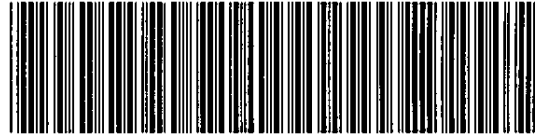
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09 JUL 17 AM 9:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*R. A. Chang*  
**C. COULLETTE**

JUL 22 2009

**EXAMINER**

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Spirit Of Learning Academy, Inc  
Name of Corporation

**DOCUMENT NUMBER:** N09000000904

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:

Cecilia A Honeywood  
Name of Contact Person

Spirit of Learning Academy, Inc  
Firm/Company

1034 NE 215th Street  
Address

Miami, FL 33179  
City/State and Zip Code

spiritoflearningacademy@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cecilia A Honeywood at ( 305 ) 297-0921  
Name of Contact Person 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: Spirit of Learning Academy, Inc.
2. The principal office address: 1034 NE 215th Street, Miami, FL 33179
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 01/23/2009 Document number: N09000000904
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)

Cecilia A Honeywood

285 NW 199th Street

Miami Gardens, FL 33169

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

Cecilia A Honeywood

1034 NE 215th Street

P.O. Box NOT acceptable

Miami, FL 33179

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**TALLAHASSEE, FLORIDA**

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.

Cecilia A Honeywood  
Signature of an officer or director

Cecilia A Honeywood-President-CEO  
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.*

Cecilia A Honeywood  
Signature of Registered Agent

07-09-2009

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)