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To:

Division of Corporations

Fax Number

: (850)517-5380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (512)418-6949

Fax Number

: (954)208-0845

Enter the email address for this business entity to be used for future 😇 🔀 annual report mailings. Enter only one email address please.

Emad 1	Address:			

REGISTERED AGENT CHANGE FLORIDA HIGH SCHOOL FOR ACCELERATED LEARNIN **JACKS**

Certificate of Status	0
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S. TALLENT

APR 2 6 2017

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COVER LETTER

TO: Ame Divis	ndment Section sion of Corporations	
SUBJECT:_	FLORIDA HIGH SCHOOL FOR ACCELERATED LEARNING - JACKSONVILLE CAI Name of Corporation	MPUS, INC.
DOCUMEN	N09000007287 T NUMBER:	
	Statement of Change of Registered Office/Agent and fee are subm	itted for filing.
Please return	all correspondence concerning this matter to the following:	•
	Pricilla Perez	
	Name of Contact Person	
	School for Integrated Academics & Technologies	
	Firm/Company	
	2611 Temple Heights Drive Suite A	
	Address	·
	Occanside, CA 92056	
	City/State and Zip Code	
	pricilla.perez@siatech.org	
	E-mail address: (to be used for future annual report notif	fication)
For further in	formation concerning this matter, please call:	
Pricilla Perez	at ()	17
	Name of Contact Person Area Code & Dayti	me 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 Buildin Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations Clifton Buildin Tallahassee, FL 32314	orporations ng e Center Circle

CR2E045 (03/12)

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

• • • •	607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes,	, this			
	corporation organized under the laws of the State of	·			
FL in order to change its registe	red office or registered agent, or both, in the State of Florida.				
1. The name of the corporation: FLORI	DA HIGH SCHOOL FOR ACCELERATED LEARNING - JACKSONVILLE C	AMPUS, INC.			
2. The principal office address:					
8050 Lone Star Road Jacksonville, F	TL 32211				
3. The mailing address (if different):_					
2611 Temple Heights Drive Suite					
4. Date of incorporation/qualification:	07/27/2009 Document number: N09000007287				
5. The name and street address of the Florida Department of State: (If res	current registered agent and registered office on file with the igned, enter resigned)				
WHEELER, GARY R		<u></u>			
200 W FORSYTH ST	REET SUITE 1700	ALLA ALLA			
JACKSONVILLE, Ft. 32202					
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):					
C T Corporation Syste	m.	AN ID: 4			
c/o C T Corpuration S	ystem, 1200 South Pine Island Road				
	P.O. Box NOT acceptable				
Plantation, Florida 333	124				
The street address of its registered of as changed will be identical.	fice and the street address of the business office of its registe	red agent,			
Such change was authorized by resolt authorized by the board, or the corpor	ution duly adopted by its hoard of directors or by an officer station has been notified in writing of the change.	6			
\ anucot xus	Jamica Bush, Board Chair				
Signature of an officer or director	Printed or typed name and title				
no objection was the corporation in	egistered agent and agree to act in this capacity, ovisions of all statutes relative to the proper and complete amiliar with and accept the obligation of my position as regisled merely to reflect a change in the registered office address us been notified in writing of this change.	stered is, I			
By: C T Corporation System	04/10/2017				
Signature of Registered Agent	Date				
If signing on behalf of an entity:					
Jennifer Quinn, Asst Secretary	•				
Typed or Printed Name	****				
•	* * FILING FEE: \$35.00 * * *				
	PAYABLE TO FLORIDA DEPARTMENT OF STATE ORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314				

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