

Division of Corporations

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710 000010261

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6380

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

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

Email Address: _____

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13 MAY 28 AM 8:31

STATE OF FLORIDA
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

REGISTERED AGENT CHANGE
PINELLAS MYCROSCHOOL OF INTEGRATED ACADEMICS AND
TEC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2013 MAY 28 PM 3:56

T. LEMIEUX

MAY 28 2013

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Help

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PINELLAS MYCROSCHOOL OF INTEGRATED ACADEMICS AND Technologies, Inc.
Name of Corporation

DOCUMENT NUMBER: NI000010261

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:

Mike Hadjiaghai
Name of Contact Person

MYcroSchool Pinellas
Firm/Company

2611 Temple Heights Drive, Suite A
Address

Oceanside, CA 92056
City/State and Zip Code

Mike.Hadjiaghai@sintech.org
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mike Hadjiaghai at (760) 631-3400
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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: PINELLAS MYCROSCHOOL OF INTEGRATED ACADEMICS AND Technologies, Inc.
- 2. The principal office address: 850 THIRD AVENUE S. ST. PETERSBURG, FL 33701
- 3. The mailing address (if different): 2611 TEMPLE HEIGHTS DRIVE A OCEANSIDE, CA 92056
- 4. Date of incorporation/qualification: 11/04/2010 Document number: N10000010261
- 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)
DIETZEN, LEONARD J III
15 SOUTH MONROB STREET, SUITE 130
TALLAHASSEE, FL 32301-7721

- 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
CT Corporation System
c/o CT Corporation System, 1200 South Pine Island Road
Plantation, Florida 33324
F.O. Box NOT acceptable

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]
Signature of an officer or director

TRACI C. STEEN, PRESIDENT
Printed or typed name and title
BOARD OF DIRECTORS

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.

By: [Signature]
Signature of Registered Agent

5/28/2013
Date

If signing on behalf of an entity:
Sierra Burns
Vice President & Assistant Secretary
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 (03/12)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA