

n1260000 7137

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(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

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JD

NOV 25 2014

T. LEMIEUX

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** THE MAGNOLIA SCHOOL FOR THE ARTS AND TECHNOLOGY  
(Name of Corporation)

**DOCUMENT NUMBER:** N12000007137

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Kema Neal**

(Name of Person)

THE MAGNOLIA SCHOOL FOR THE ARTS AND TECHNOLOGY, INC.

(Name of Firm/Company)

**9167 NW 40th PL**

(Address)

**Sunrise, FL 33351**

(City/State and Zip Code)

For further information concerning this matter, please call:

**Kema Neal**

(Name of Person)

at ( **954** ) **747-9955**

(Area Code & Daytime Telephone Number)

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

**Mailing Address:**

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

**Street Address:**

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

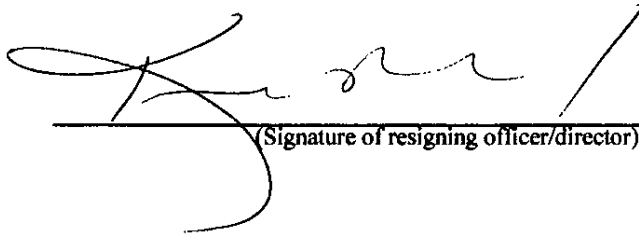
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Kema Neal, hereby resign as Director  
(Title)

of THE MAGNOLIA SCHOOL FOR THE ARTS AND TECHNOLOGY, INC.  
(Name of Corporation)

N12000007137, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida

  
(Signature of resigning officer/director)

**FILING FEE IS \$35.00**

**Make checks payable to Florida Department of State and mail to:**

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

APPROVED  
AND  
FILED  
14 NOV 10 PM 10:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Kema Neal  
9167NW 40<sup>th</sup> PL  
Sunrise, FL 33351

Glen M. Byron, Board Chair  
Magnolia School for the Arts and Technology  
2562 Garden Ct  
Cooper City, FL 33026

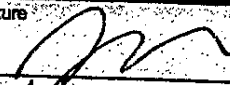
Dear Mr. Glen M. Byron:

I am writing this letter to inform you of my resignation as a Director on the Board of The Magnolia School for the Arts and Technology, Inc. I am stepping down from the Board and will relinquish all of my responsibilities and privileges as a Board Member effective September 8, 2014.


Sincerely,

Kema Neal

cc: John J. Hearn, Board Counsel  
Newpoint Education Partners, LLC

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature X </p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>John J. Hearn 10015 NW 119th Ave Coral Springs, FL 33071</p>		<p>B. Received by (Printed Name) J. Hearn</p>	<p>C. Date of Delivery 9/9/14</p>
<p>2. Article Number 7012 3460 0001 4221 2609</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
		<p>3. Service Type  <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.         </p>	
		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature X </p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Newpoint Education Partners 21810 US Highway 19 N Clearwater, FL 33765</p>		<p>B. Received by (Printed Name) Eva Heston</p>	<p>C. Date of Delivery</p>
<p>2. Article Number 7012 3460 0001 4221 4184</p> <p>(Transfer from service label)</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
		<p>3. Service Type  <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.         </p>	
		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540