

N120000067172

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

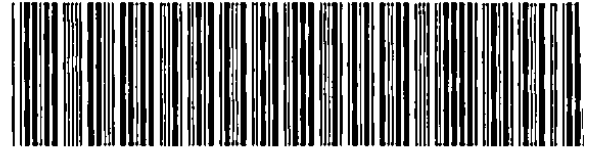
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300319223853

10/16/18--01018--006 **35.0

2010 OCT 15 P 2:23
FALLAHS STREET LONDON

FILED

2010 OCT 15 P 2:23

msc

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, a 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: Piney Grove Boys Academy
2. The principal office address: 4699 W Oakland Park Blvd, Lauderdale Lakes, FL
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 07/24/2012 Document number: N12000007172

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)

BRIHM, ANTONIO

2710 NW 7TH ST.

FT. LAUDERDALE, FL 33311

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

METTS, JOSEPH, Jr.

917 E. RIVER DR.

P.O. Box NOT acceptable

MARGATE, FL 33063

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.

Patricia West

Signature of an officer or director

Patricia West President

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.

Joseph C. Metts, Jr.

Signature of Registered Agent

10/8/18

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 (03/12)