N 12369

(Re	questor's Name)	
(Åd	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Florida Cultural Education Alliance
Name of Corporation
N12369

DOCUMENT NUMBER: N1230

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:

Sherron Long

Name of Contact Person

Florida Cultural Education Alliance

Firm/Company

5600 North Flagler Drive, #1410

Address

West Palm Beach, FL 33407

City/State and Zip Code

info@FLCA.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sherron Long

,,561 \848-6

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

statement of change is .	ons of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Submitted for a corporation organized under the laws of the State of	Florida		_
	ange its registered office or registered agent, or both, in the State of F			
1. The name of the corp	poration: Florida Cultural Education Alliance d/b/a Florid	a Cult	tural A	Alliance
2. The principal office	address: 5600 North Flagler Drive, #1410, West Palm	Beac	n, ⊦∟	33407
3. The mailing address	(if different): Post Office Box 2131, West Palm Beach	 , FL 3	33402	2-2131
4. Date of incorporation	n/qualification: 12/4/1985Document number: N1236	9		
5. The name and street	address of the current registered agent and registered office on file wind state: (If resigned, enter resigned)			<u></u> -
She	rron Long	•		
5600	0 North Flagler Drive, #1410			. ,
Wes	st Palm Beach, FL 33407			٠
6. The name and street (if changed):	address of the new registered agent (if changed) and /or registered of	lice		: ::: :::
Jenr	nifer Jones			
720	Main Street			
	P.O. Box NOT acceptable			
Chir	bley, FL 32428			
The street address of i	ts registered office and the street address of the business office of it ntical.	s regist	ered ag	ent,
Such change was auth authorized by the boar	orized by resolution duly adopted by its board of directors or by and, or the corporation has been notified in writing of the change.	officer	so	
Signature of an	Sherron Long Printed or typed name and titl	le .		_
I hereby accept the ap I further agree to com performance of my door	pointment as registered agent and agree to act in this capacity, ply with the provisions of all statutes relative to the proper and conties, and I am familiar with and accept the obligation of my position ament is being filed merely to reflect a change in the registered officies corporation has been notified in writing of this change.	iplete i as reg	gistered ess, I	!
$) \subset$	October 25, 2019			
	Registered Agent Date			_
If signing on b half of	an entity:			
Sherron Long	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