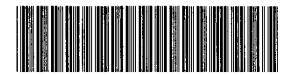


(Re	questor's Name)	
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R. WHILE

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** 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: NE.W. Generation Preparatory High School of Performing Arts, Inc. 2. The principal office address: 2890 West Cypness Creek Road H. Lauderdale, Florida 33309
3. The mailing address (if different): Scurne as above
4. Date of incorporation/qualification: 13413 Document number: N1300000743
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)
Jeffray S. Wood, Attorney At Law
One Financial Plaza Suite Alcon Fort Lauderdale, Florida 33394-Kar
6. The name and street address of the new registered agent (if changed) and /or registered office
hionnie Maura
2890 West Cypress Creek Kd \$ 8
HT-Lauderdale, Florida 33309
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.
Kayuna White Secretory Signature of an officer or director Kayuna White Secretory
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.
Signature of Registered Agent 130 15
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)