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Special Instructions to	Filing Officer:			
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3/16/20

COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: The ABA Academy, Inc			
Name of Corporation			
DOCUMENT NUMBER: N13000001851			
The enclosed Statement of Change of Registered	d Office/Agent and fee are submitted for filing.		
Please return all correspondence concerning this	s matter to the following:		
Leatha Pfanmiller			
Name of Contact Person			
The ABA Academy, Inc.			
Firm/Company			
7555 Claxstrauss Dr.			
Address			
Sarasota, FL 34240			
City/State and Zip Code			
lpfanmiller@easterseals-swfl	l.org		
E-mail address: (to be used for future annua	l report notification)		
For further information concerning this matter, [please call:		
Leathe Pfanmiller Registered Agent & Principal	813-632-068		
Name of Contact Person	at (813-632-068) Area Code & Daytime Telephone Number		
Enclosed is a \$35.00 check made payable to the	Department of State.		
Mailing Address: Amendment Section	Street Address: Amendment Section		
Division of Corporations	Division of Corporations		
P.O. Box 6327	The Centre of Tallahassee		
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of cha	nge is submitted for a corporation	17,0502, 607,1508, or 617,1508, Florida Statute. Forganized under the laws of the State of registered agent, or both, in the State of Florida			
1 The name of t	he corporation: The ABA Academ	y. Inc			
2. The principal	office address: 7555 Claxstrauss Dr	r. Sarasota, FL 34240			
4. Date of incorporation/qualification: Document number: N13000001					
	street address of the current registement of State: (If resigned, enter t	tered agent and registered office on file with the resigned)			
	Donna Leigh-Estes Resigned				
	7555 Claxstrauss Dr. Sarasota, FL 34240				
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office		2020 MAR -2	JO NOISIAIC AVI NO 19	
	Leathe Pfanmiller			RY OF I	
	7555 Claxstrauss Dr. Sarasota, FL 34240		PH 3:	点の 対策	
	P.O. Box NOT acceptable		<u>-</u>	T.;	
_		street address of the business office of its regis		agent,	
		dopted by its board of directors or by an office een notified in writing of the change. J	1 30		
May	12 leh (DO)	Mary Beth Bos, President of The ABA Ad	ademy	y, Inc	
I hereby accept I further agree t of my duties, an document is bei	o comply with the provisions of a	Printed or typed hame and title tent and agree to act in this capacity. till statutes relative to the proper and complete the obligation of my position as registered agen tie in the registered office address. I hereby com thange.	perfor 1. Or firm th	mance if this act the	
1 Taux	2	February 28, 2020			
Signature of Registered Agent		Date	Date		
• •	half of an entity:				
<u>Leatha</u>	Pfanniller				
Tis	ped or Printed Name				

* * * FILING FEE: \$35.00 * * *