

N13000004502

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

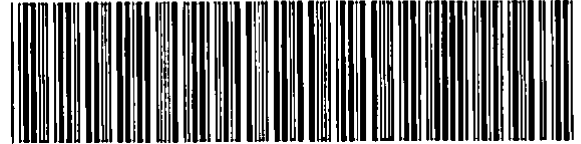
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Street address

Office Use Only



700321606767

12/19/18--01012--005 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
19 FEB 11 AM 10:40

Ra Chang

FEB 26 2019

D CUSHING

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Knight's Christian Academy, Inc.

Name of Corporation

DOCUMENT NUMBER: N13000004502

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:

Kellie Conley

Name of Contact Person

Knight's Christian Academy

Firm/Company

PO Box 569

Address

Edgewater, FL 32132

City/State and Zip Code

knightschristianacademy@yahoo.com

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
19 FEB 11 AM 10:40

For further information concerning this matter, please call:

Kellie Conley

Name of Contact Person

at (386) 426-0800

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 4, 2019

KELLIE L CONLEY
KNIGHT'S CHRISTIAN ACADEMY
PO BOX 569
EDGEWATER, FL 32132

SUBJECT: KNIGHT'S CHRISTIAN ACADEMY, INC.
Ref. Number: N13000004502

We have received your document for KNIGHT'S CHRISTIAN ACADEMY, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered agent must be at a Florida street address.

A post office box is not an acceptable address for the registered agent.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing
Senior Section Administrator

Letter Number: 819A00000226

RECEIVED

2019 FEB 11 PM 1:23
CLERK OF THE COURT
TALLAHASSEE, FL

**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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Knight's Christian Academy, Inc.
2. The principal office address: 310 Douglas St. New Smyrna Beach, FL 32168
3. The mailing address (if different): PO Box 569 Edgewater, FL 32132
4. Date of incorporation/qualification: 06/2013 Document number: N13000004502

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)

Wanda L Conley - RESIGNED

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

Kellie L Conley

310 Douglas St.

P.O. Box NOT acceptable

New Smyrna Beach, FL 32168

FILED
STATE DEPT OF STATE
DIVISION OF CORPORATIONS
19 FEB 11 AM 10:40

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.

Kellie L Conley
Signature of an officer or director

Kellie L Conley, VP
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.

Kellie L Conley
Signature of Registered Agent

02/06/2019
Date

If signing on behalf of an entity:

Kellie L Conley

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)