

N/4000004745

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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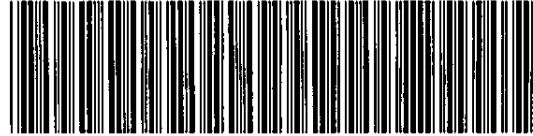
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: North Port Collegiate Military Academy, Inc
Name of Corporation

DOCUMENT NUMBER: N14000004745

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:

Patricia O'Meara

Name of Contact Person

Omni Business Center

Firm/Company

4055 Tamiami Trail

Address

Port Charlotte, Florida 33952

City/State and Zip Code

7600@msn.com

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

For further information concerning this matter, please call:

Patricia O'Meara

Name of Contact Person

at (**941**) **286-4403**

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

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: North Port Collegiate Military Academy, Inc.
2. The principal office address: 2352 Wood St., Sarasota, FL 34237
3. The mailing address (if different): _____

4. Date of incorporation/qualification: May 16, 2014 Document number: N14000004745

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)

Patricia C. O'Meara, CPA

22107 Elmira Blvd

Port Charlotte, FL 33952

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

Patricia C. O'Meara, CPA

Omni Business Center 4055 Tamiami Trail

P.O. Box NOT acceptable

Port Charlotte, Florida 33952

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.

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.

Patricia O'Meara
Signature of Registered Agent

Jodi L Kopacz, CEO/Founder

Printed or typed name and title

May 4, 2015

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)