

01400009640

Florida Department of State
Division of Corporations
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REGISTERED AGENT CHANGE

CITRUS MYCROSCHOOL OF INTEGRATED ACADEMICS AND TECHNOLOGIES, INC.

Certificate of Status	0
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CITRUS MYCROSCHOOL OF INTEGRATED ACADEMICS AND TECHNOLOGIES, INC.
Name of Corporation

DOCUMENT NUMBER: NI4000009640

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:

Linda White

Name of Contact Person

NEWCorp

Firm/Company

2611 Temple Heights Dr., Suite A

Address

Oceanside, CA 92056

City/State and Zip Code

linda.white@new-corp.org

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

For further information concerning this matter, please call:

Linda White

at 760 945-1251

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

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: CITRUS MYCROSCHOOL OF INTEGRATED ACADEMICS AND TECHNOLOGIES, INC.
2. The principal office address: 3630 W. EDUCATIONAL PATH, LECANTO, FL 34461
3. The mailing address (if different): 2611 TEMPLE HEIGHTS DRIVE, SUITE A, OCEANSIDE, CA 92056
4. Date of incorporation/qualification: 10/16/2014 Document number: N14000009640
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)

WILLIS, DAVID C

300 SOUTH ORANGE AVENUE, SUITE 1400

ORLANDO, FL 32801

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

C T Corporation System

c/o C T Corporation System, 1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

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.

Kathleen Shea
Signature of an officer or director

Kathleen Shea, Board President

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.

By: C T Corporation System
[Signature]
Signature of Registered Agent

August 13, 2015
Date

If signing on behalf of an entity:

Angel Nunez
Assistant Secretary

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)