

N15000011314

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

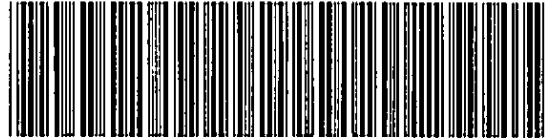
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** HADAR SOUTH FLORIDA HIGH SCHOOL FOR GIRLS, INC.  
Name of Corporation

**DOCUMENT NUMBER:** N15000011314

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:

ADINA LANDSBERG  
Name of Contact Person  
HADAR SOUTH FLORIDA HIGH SCHOOL FOR GIRLS  
Firm/Company  
7902 N. MONTOYA CIRCLE  
Address  
BOCA RATON, FL 33433  
City/State and Zip Code  
MAL@HADARHS.ORG

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

For further information concerning this matter, please call:

ADINA LANDSBERG at (561) 922-5880  
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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

1. The name of the corporation: HADAR SOUTH FLORIDA HIGH SCHOOL FOR GIRLS, INC.

2. The principal office address: 7902 N. MONTOYA CIRCLE BOCA RATON

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 11/2015 Document number: N15000011314

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)

DANIEL J COHEN  
7200 W CAMINO REAL STE 200  
BOCA RATON, FL 33433

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

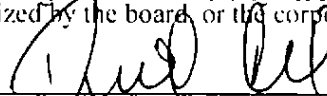
STEVEN COHEN  
7114 VIA FIRENZE  
BOCA RATON, FL 33433

P.O. Box NOT acceptable

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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.

  
Signature of an officer or director

Daniel Cohen  
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.

  
Signature of Registered Agent

Steven Jay Cohen  
Date

If signing on behalf of an entity:  
\_\_\_\_\_  
Typed or Printed Name

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