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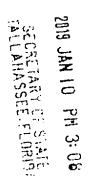
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COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: The Way Christian Academy, Inc.

Name of Corporation

N16000005429

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:

Tom McIntosh

Name of Contact Person

The Way Christian Academy

Firm/Company

1712 E Busch Blvd

Address

Tampa, FI, 33612

City/State and Zip Code

justmac46@hotmail.com

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

For further information concerning this matter, please call:

Tom McIntosh

,813

919-5974

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this inge is submitted for a corporation organized under the laws of the State of Florida rochange its registered office or registered agent, or both, in the State of Florida.
1. The name of t	he corporation: The Way Christian Academy, Inc.
2. The principal	4740 E D DL T EL 22040
3. The mailing a	ddress (if different): Same
4. Date of incorp	poration/qualification: 5/23/2016 Document number: N16000005429
5. The name and	I street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned)
	Luis Vega
	17354 Cricket Chirp Loop, Land O Lakes,
	FI, 34638
6. The name and (if changed):	17354 Cricket Chirp Loop, Land O Lakes, FI, 34638 I street address of the new registered agent (if changed) and /or registered office Street address of the new registered agent (if changed) and /or registered office Street Street Street Applications of the new registered agent (if changed) and /or registered office Street Street Street Applications of the new registered agent (if changed) and /or registered office Street Street Street Applications of the new registered agent (if changed) and /or registered office Street Street Street Applications of the new registered agent (if changed) and /or registered office Street Str
	Thomas McIntosh
	1904 CEDARBROOKE DRIVE,
	P.O. Box NOT acceptable Lutz, FI, 33549
The street addre	ess of its registered office and the street address of the business office of its registered agent.
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the eorporation has been notified in writing of the change.
	Printed or typed name and title
I hereby accept I further agree performance of agent. Or, if th hereby confirm	the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as registered is document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change.
_/hong	as Asserting 1-1-19 mature of Registered Agonit Date
If signing on be	half of an entity:
	yped or Printed Name

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