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From: Account Name : C T CORPORATION SYSTEM  
Account Number : PCA000030023  
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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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**REGISTERED AGENT CHANGE**  
**PASCO MYCROSCHOOL OF INTEGRATED ACADEMICS AND TECHNO**

Certificate of Status	0
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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 \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.*

PASCO-MYCROSCHOOL OF INTEGRATED ACADEMICS AND TECHNOLOGIES, INC.

1. The name of the corporation: \_\_\_\_\_
2. The principal office address: 3565 UNIVERSAL PLAZA, NEW PORT RICHEY, FL 34652
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 02/10/2017 Document number: N17000001524
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 32802-1873

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.

Signature of an officer or director

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: Signature of Registered Agent

Signature of Registered Agent

03/07/2018

Date

If signing on behalf of an entity:

Christine Kelm

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

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