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COVER LETTER

TO:	Amendment Section Division of Corporations
SUBJ	ECT: JUST FOY KIDS ACODOMY COVP
DOCU	JMENT NUMBER: N17000011025
The en	closed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Edvicka Feiton Name of Contact Person
JUST FOY KIDS ACACOMY
3638 EVONS AVe
FORT Myers, Florida 33901
<u>GTHOMAS 93 @OMCAST. Net</u> E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Contact Person

at (<u>239</u>) <u>247-2643</u> 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



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 25, 2018

ROMAINE JOHNSON 2nd mailing 4770 MOJORCA PALMS DR FORT MYERS, FL 33901

SUBJECT: JUST FOR KIDS ACADEMY CORP Ref. Number: N17000011025

We have received your document for JUST FOR KIDS ACADEMY CORP and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The person designated as registered agent in the document and the person signing as registered agent must be the same.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 818A00011997



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 8, 2018

ROMAINE JOHNSON 3638 EVANS AVE FORT MYERS, FL 33901

SUBJECT: JUST FOR KIDS ACADEMY CORP Ref. Number: N17000011025

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Irene Albritton Regulatory Specialist II

Letter Number: 818A00011997

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 <u>FLOYLOO</u>
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: UST FOY KIDS ACODOMY OVP
2. The principal office address: 4 1 10 MCI OTCO DOI MOS DY
FON MYers, Flonda, 38905
3. The mailing address (if different):
4. Date of incorporation/qualification: 01/30/18 Document number: N17000011025
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)
Hacqueline Evans
3156 LAFAVETTE ST FOLH MURSFL
33916
6. The name and street address of the new registered agent (if changed) and /or registered of Ferry in the street of the street
(if changed):
ECIVICIA FRITON
4770 Majorca Palms Dr
TOVO MUCO FLOO LO RZAAS
FOIF MYERS, FTURIOU, JOYUJ
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 registerea 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.

RX Δ Signature of Registered Agent

07/05/18

If signing on behalf of an entity:

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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)