## N19000001628

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Statu	s
Special Instructions to Filing Officer:	

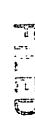
Office Use Only



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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: Cygnet Day School Inc Name of Corporation
DOCUMENT NUMBER: N1900001628
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:
Shannon Eisenberg
Name of Contact Person
Firm/Company
4210 Old Mulberry Rd
Address
Plant City FL 33567
City/State and Zip Code
admin@cygnetdayschool.org
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Shannon Eisenberg at (863 ) 225-3624  Name of Contact Person at (Area Code & Daytime Telephone Number
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.
I. The name of the corporation: Cygnet Day School Inc
2. The principal office address: 4210 Old Mulberry Rd
3. The mailing address (if different):
4. Date of incorporation/qualification: 02/08/2019 Document number: N19000001628
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)
Shannon Eisenberg
2700 S Florida Ave
Lakeland FL 33803
Lakeland FL 33803  6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  Shannon Eisenberg  4210 Old Mulberry Rd
Shannon Eisenberg
4210 Old Mulberry Rd
P.O. Box NOT acceptable  Plant City El. 33567
Plant City FL 33567
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.
Wendy Bradshaw, President  Stanguage 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.
Signature of Registered Agent  Date
If signing on behalf of an entity:
Siving Elsenberg Typed or Printed Name
* * * FILING FEE: \$35.00 * * *