

N 1900000 6/22

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S. YOUNG

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Exceptional Academy for Differently-Abled Learners Inc
Name of Corporation

DOCUMENT NUMBER: N19000006122

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:

Matthew J. Saxton

Name of Contact Person

Exceptional Academy for Differently-Abled Learners Inc.

Firm/Company

18014 SW Cosenza Way

Address

Port St Lucie, FL 34986

City/State and Zip Code

msaxton@exceptionalacademypsl.com

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

For further information concerning this matter, please call:

Matthew J. Saxton

Name of Contact Person

at (770)

891-2255

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

**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: Exceptional Academy for Differently-Abled Learners Inc.
2. The principal office address: 542 NW University Blvd, Suite 101
Port St Lucie, FL 34986
3. The mailing address (if different): 18014 SW Cosenza Way, Port St. Lucie, FL 34986
4. Date of incorporation/qualification: 6/11/2019 Document number: N19000006122
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)

United States Corporation Agents Inc.

13302 Winding Oak Court, Suite A

Tampa, FL 33612

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

Matthew J. Saxton

18014 SW Cosenza Way

P.O. Box NOT acceptable

Port St. Lucie, FL 34986

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]
Signature of an officer or director

Kristine M. Erice, CEO

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]
Signature of Registered Agent

6/18/2020

Date

If signing on behalf of an entity:

Exceptional Academy for Differently-Abled Learners

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 (04/13)