

N19000010571

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

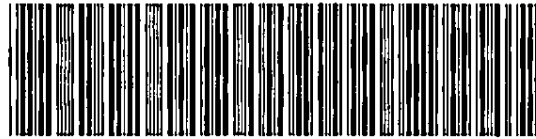
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Michael Hearts Academy, Inc
Name of Corporation

DOCUMENT NUMBER: N19000010571

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:

Jennifer Biggins

Name of Contact Person

Michael Hearts Academy, Inc

Firm/Company

750 South Orange Blossom Trl STE 228

Address

Orlando FL 32805

City/State and Zip Code

Mjhearts19@gmail.com

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

For further information concerning this matter, please call:

Jennifer Biggins

Name of Contact Person

at (407) 223-0949

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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Michael Heards Academy, Inc
2. The principal office address: 750 South Orange Blossom Trl Ste 228
Orlando FL 32805
3. The mailing address (if different): P.O. Box 681783
4. Date of incorporation/qualification: _____ Document number: NI 9006010571
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)

750 South Orange Blossom Trl
Ste 228
Orlando FL 32805

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

235 E 5th Street
Unit 6
Apopka FL 32703

P.O. Box NOT acceptable

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.

Jennifer Biggio
Signature of an officer or director

Jennifer Biggio / 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 of Registered Agent

Date

If signing on behalf of an entity:

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)

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1. The name of the corporation: Michael Hearts Academy, Inc
2. The principal office address: 750 South Orange Blossom Trl STE 6 Orlando FL 32805
3. The mailing address (if different): P. o Box 681783 Orlando FL 32868
4. Date of incorporation/qualification: 10/15/2009 Document number: Ni9000010571
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)

750 South Orange Bloosm Trl

STE 228

Orlando FL 32805

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

235 E 5th Street

Unit 6

P.O. Box NOT acceptable

Apopka FL 32703

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Signature of an officer or director

Jennifer Biggins
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

8/19/2020
Date

If signing on behalf of an entity:

Jennifer Biggins
Typed or Printed Name

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

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