## V220001325

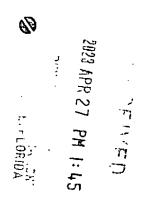
(Requestor's Name)  (Address)		
(Address)	100407	
{City/State/Zip/Phone #}		
PICK-UP WAIT MAIL		
(Business Entity Name)	১ পুলু	
(Document Number)		
. entified Copies Certificates of Status		
Special Instructions to Filing Officer:	4127123 V·L14	
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TO:1 MM TS MM ESOS

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## **COVER LETTER**

. . . .

то:	Amendment Section Division of Corporations	:		
	ECT: Kidz R Kidz Learning Academy Inc			
rame	or corporation			
DOCU	UMENT NUMBER: N22000013259			
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:				
Retty I	Franklin			
Name	of Contact Person			
Kidz R	Kidz Learning Academy Inc			
Firm/0	Company	<del>-</del>		
1735 S	SE Hawthorne Road			
Addre	SS			
Gaines	sville FL 32641			
City/S	tate and Zip Code	<del></del>		
	kidzrkidz1735@gmail.com			
E-ma	il address: (to be used for future annua	al report notification)		
	`	•		
For fu	rther information concerning this matter,	please call:		
Betty l	Franklin	at (352 ) 554-5209		
	Name of Contact Person	at (352 )554-5209  Area Code & Daytime Telephone Number		
Enclo	sed is a \$35.00 check made payable to the	e Department of State.		
	Mailing Address: Amendment Section	Street Address:		
		Amendment Section		
	Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee		
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810		
	Tallallassee, TE 52514	Tallahassee, FL 32303		

CR2E045 (04/13)

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	ange is submitted for a corporation	7.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of Florida registered agent, or both, in the State of Florida.
	the corporation: Kidz R Kidz Learning	· ·
2. The principal	l office address: 1735 SE Hawthorne I	Road, Gainesville FL 32641
3. The mailing a	address (if different):	
4. Date of incor	poration/qualification: 12/02/2022	Document number: N22000013259
	d street address of the current register frament of State: (If resigned, enter re	ered agent and registered office on file with the esigned)
	James G Franklin Sr	
	1735 SE Hawthorne Road	
	Gainesville FL 32641	
6. The name and (if changed):	d street address of the new registered	d agent (if changed) and /or registered offfice ONE 1/1/2/ APR 27 PH 1: 57
	J & S Accounting and Tax	APR 27 P
	6315 SE US Highway 301	ARG T IT
		O. Box NOT acceptable
	Hawthorne FL 32640	
The street addreas changed will	ess of its registered office and the s	treet address of the business office of its registered agent,
Such change was authorized by the	as authorized by resolution duly ad he board, or the corporation has be	opted by its board of directors or by an officer so en notified in writing of the change.
1. Dane	S/Truly	Nancy Barclay, Director
$\smile$ /	ure of an other or director	Printed or typed name and title
i juriner agree of my duties/an document is bei	the appointment as registored age to comply with the provisions of all all am familiar with and accept thing filed merely to reflect a change sheen notified in writing of this cha	l statutes relative to the proper and complete performance obligation of my position as registered agent. Or, if this in the registered office address. I hereby confirm that the
		03/29/2023
	nature of Registered Agent	Date
If signing on be	chalf of an entity:	
Michael J Whitel	head	
T	yped or Printed Name	

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