

Florida Department of State
Division of Corporations
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N2400009609

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To: Division of Corporations
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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**REGISTERED AGENT CHANGE
SC TECHNOLOGICAL ACADEMY INC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

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COVER LETTER

(((H25000101304 3)))

TO: Amendment Section
Division of Corporations

SUBJECT: SC TECHNOLOGICAL ACADEMY INC
Name of Corporation

DOCUMENT NUMBER: N24000009609

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:

LOVETTE DOBSON

Name of Contact Person

Firm/Company

17350 STATE HWY 249 STE 220

Address

HOUSTON, TX 77064

City/State and Zip Code

EFILE1234@INCFIL.COM

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

For further information concerning this matter, please call:

LOVETTE DOBSON

Name of Contact Person

at (1)

8884623453

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

CR2E045 (04/13)

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

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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: SC TECHNOLOGICAL ACADEMY INC
2. The principal office address: 2032 IMPERIAL GOLF COURSE BLVD NAPLES, FL 34110
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 08/09/2024 Document number: N21000009609
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)

SURESH V CHAPPIDI2032 IMPERIAL GOLF COURSE BLVDNAPLES, FL 34110

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

REPUBLIC REGISTERED AGENT LLC1150 Nw 72nd Ave Tower 1 Ste 455P.O. Box NOT acceptableMiami, FL 33126

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.

Suresh V Chappidi
Signature of an officer or director

Suresh V Chappidi
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.

Lovette Dobson
Signature of Registered Agent

03/18/2025

Date

If signing on behalf of an entity:

Lovette Dobson

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

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