

N44684

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

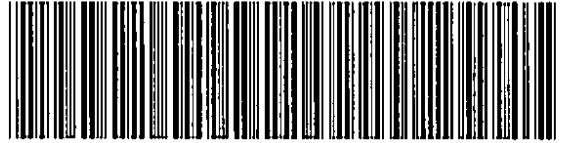
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

JA 09/22/20

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Summit Christian School Inc.
Name of Corporation

DOCUMENT NUMBER: N44684

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:

Wayne S. Morosco

Name of Contact Person

Summit Christian School Inc.

Firm/Company

9065 Ligon Court

Address

Fort Myers, FL 33908

City/State and Zip Code

accounting@summitchristianschool.org

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

For further information concerning this matter, please call:

Brad Grachowski

Name of Contact Person

at (262) 510-6747

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: Summit Christian School Inc.
2. The principal office address: 9065 Ligon Court, Fort Myers, FL 33908
3. The mailing address (if different): _____
4. Date of incorporation/qualification: August 14, 1991 Document number: N44684
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)

Kyle Mast

3919 SE 12th Avenue

Cape Coral, FL 33904

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

Wayne S. Morosco

9065 Ligon Court

P.O. Box NOT acceptable

Fort Myers, FL 33908

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TALLAHASSEE, FL

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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 of an officer or director

Brad Grochowski, School Board Treasurer

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

7/27/2020

Date

If signing on behalf of an entity:

Wayne S. Morosco

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)