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(Re	equestor's Name)			
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PICK-UP	☐ WAIT	MAIL		
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(Document Number)				
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AHASSEE, FLURISA

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## Department of State

## **COVER LETTER**

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TO: Amendmen	nt Section	17 17866	Memo_	
Division of	f Corporations			
			100.29	
			700.29 Ucauces	1
SUBJECT:	The New Gate :	School Inc	UCCEC'S	
SUBJECT:	Name of C			
	Name of C	Orporation		
DOCUMENT NU	MBER:			
The enclosed States	ment of Change of Registered Offic	e/Agent and fee are sub	omitted for filing.	
Diagga ratuum all aas	-reanandense conserving this matter	to the fellowings		
riease return all co	rrespondence concerning this matter	to the following:		
	i aria III	Disastes		
	Lorin H.	3leecker		
	Name of Co	ntact Person		
	,			
	New Gate 9			
	Firm/Co	mpany		
	5237 Ash	ton Road		
	Add		<del></del>	•
	Saragota El	orida 34233		
	Sarasota, Fl City/State ar	of Zin Code	<del></del>	
	City/State at	M Zip Code		
	lorinbleecker@m	ionterssori.org		
	E-mail address: (to be used for f	uture annual report ne	otification)	
For further informs	tion concerning this matter, please of	٠١١٠.		
roi juitiici iiijoiina	tion concerning this matter, please c	,c411.		
	Dianakan	044	000 4040	
	orin H. Bleecker	_ at (	922-4949 aytime Telephone Number	_
Nam	ne of Contact Person	Area Code & Da	lytime Telephone Number	
Enclosed is a \$35.0	0 check made payable to the Depart	ment of State.		
Lifetosed is a 455.0	o officers made pay to to the separt	mon or oraco,		
	Moiling Address	Ctenat & dd-	000*	
	Mailing Address: Amendment Section	Street Addr Amendmen	t Section	
	Division of Corporations		Corporations	
	P.O. Box 6327	Clifton Bui	_	
	Tallahassee FL 32314	2661 Execu	itive Center Circle	

Tallahassee, FL 32301

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1 ange is submitted for a corporation organized under the laws o er to change its registered office or registered agent, or both, in	f the State of <u>F</u>	lorida		
1. The name of	the corporation: New Gate School, Inc.				
2. The principal	office address: 5237 Ashton Road, Sarasota, Florida	34233			
3. The mailing a	address (if different):				
4. Date of incorp	poration/qualification: Document num	ber:			
	d street address of the current registered agent and registered of rtment of State: (If resigned, enter resigned)	fice on file with	n the		
	Paul Wenninger			<i>ا</i> حة	
	11011 State Road 72		ATT WE	2010 SEP 27	
	Sarasota, Florida 34233	•	HASSI	P 27	Finniess gransses
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or	registered offic	Se 1	AH 10: 30	
	Lorin H. Bleecker			ဒ္ဓ	
	5237 Ashton Road, Sarasota, Florida 34233 P.O. Box NOT acceptable				
The street addreas changed will	ess of its registered office and the street address of the busine be identical.	ess office of its	registe	red age	nt,
Such change was authorized by the	as authorized by resolution duly adopted by its board of directly board on the corporation has been notified in writing of the	ctors or by an one change.	officer s	<b>50</b>	
Signatu	Robert Dodd, Cheron of director Printed or	nairperson, E		Directo	<u>.</u>
I hereby accept I further agree of my duties, an document is bei corporation has	the appointment as registered agent and agree to act in this to comply with the provisions of all statutes relative to the p nd I am familiar with and accept the obligation of my position ing filed merely to reflect a change in the registered office ac s been notified in writing of this change.	capacity. roper and com n as registered ddress, I hereby	plete pe agent. y confir	erforma Or, if i m that i	nce this the
MOTH	Rleas	gust 25, 201	0		
Sig	nature of Registered Agent	Date			_
If signing on be	chalf of an entity:				
Т	yped or Printed Name				

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