N9800001622

| (Re | equestor's Name) | | | |
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| PICK-UP | ☐ WAIT | MAIL | | |
| (Bu | siness Entity Nar | me) | | |
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| Certified Copies | _ Certificate: | s of Status | | |
| Special Instructions to | Filing Officer: | | | |
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TRANSMITTAL LETTER

Division of Corporations ADVENTURES IN EARLY LEARNING ACADEMY, INC **SUBJECT:** (Name of corporation) DOCUMENT NUMBER: N98000001622 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: SUEZENETTE MCDONALD (Name of person) ADVENTURES IN EARLY LEARNING ACADEMY, INC (Name of firm/company) 688 LOCK ROAD (Address) DEERFIELD BEACH, FL 33442 (City/state and zip code) For further information concerning this matter, please call: SUEZENETTE MCDONALD 954 (Area code & daytime telephone number) (Name of person) Enclosed is a \$35.00 check made payable to the Department of State. Street Address: Amendment Section Mailing Address: Amendment Section Division of Corporations Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399 P.O. Box 6327 Tallahassee, FL 32314

TO:

Amendment Section

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

| Pursuant to the | provisions of sections (| 607.0502, 617.0502 | 2, 607.1508, or 617.150 | 8, Florida Statutes, | |
|---|---|--|--|--|--|
| this statement o | f change is submitted for | a corporation orga | nized under the laws of | the State of | |
| FLORIDA | in order to chang | e its registered offi | ce or registered agent, c | or both, in the State | |
| of Florida. | | | | 24 8 | |
| 1. The name of | the corporation:_ADVEN | TURES IN EARLY L | EARNING ACADEMY, IN | c 5 品。 | |
| | | | LD BEACH, FL 33442 | 15 To | |
| | | | | SER | |
| 3. The mailing a | address (if different):_SA | ME AS ABOVE | | FS | |
| | | | | ORIGINATE OF THE PROPERTY OF T | |
| 4. Date of incor | poration/qualification: | 03/16/1998 | Document number: _ | N98000001622 | |
| | d street address of the current of State: | rrent registered ager | nt and registered office o | n file with the | |
| | RALPH W. ADDERLY | | | | |
| | 321 W. ATLANTIC BLVI | D. | | | |
| | POMPANO BEACH, FL | 33061-2006 | | | |
| 6. The name at | nd street address of the | new registered age | nt (if changed) and /or | registered office (if | |
| changed): SUEZENETTE MCDONALD | | | | | |
| | 688 LOCK ROAD | | | | |
| • | (P.O. Bo | ox or personal mailbox NOT | acceptable) | | |
| | DEERFIELD BEACH, FL | 33442 | | | |
| The street addragent, as chang | ess of its registered officed will be identical. | e and the street add | lress of the business offi | ce of its registered | |
| Such change w authorized by the | as authorized by resoluti he board, or the corporat | on duly adopted by ion has been notific | its board of directors or ed in writing of the char | r by an officer so age. | |
| Salzanette | MeDousla | | ENETTE MCDONALD, C | | |
| Asignouse of an office. Thereby accent | t, chairman or vice chairman of the t | , | (Printed or typed name and till | • | |
| performance of registered agen | the appointment as regi to comply with the provi my duties, and I am fan at. Or, if this document i I hereby confirm that tha | ninar with and access being filed merel | ept the obligation of my y to reflect a change in i | position as he registered | |
| Juganet | to mc Donald | | 12/12/2002 | | |
| /W (S | ignature of Registered Agent) | | (Date) | | |
| If signing on beha | If of an entity: | | | | |
| | Typed or Printed Name) | | (Capacity) | | |

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