Requester's Name Explorer Elementary & Middle School 9150 Ellis Road W. Melbourne, FL 32904-1020 Phone

Office Use Only

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NEW FILINGS		<u>AMENDMENTS</u>	
Profit Not for Profit Limited Liability Domestication Other		Amendment Resignation of R. Change of Registe Dissolution/Withe Merger	drawal
OTHER FILINGS		REGISTRATION/QUALIFICATION	
Annual Report Fictitious Name		Foreign Limited Partnersh Reinstatement Trademark Other	UALIFICATION 337 01

Examiner's Initials

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

Pursuant to the	e provisions of sections 607.0502, 617.0502, 607.1508, o	r 617.1508, Florida Statutes,
the undersigned	d corporation organized under the laws of the State of $_$ E lowing statement in order to change its registered office of	r registered agent, or both, in
the State of Flo		108,000,000,000,000,000
	the corporation: Explorer Elementary	and Middle
I. IMO IMILIO OL	School, Inc.	
2. The mailing	address of the corporation: 9150 Ellis Rd	
	- Melbourne, FL 329 -	
3. Date of inco	orporation/qualification: April 22,1998 Document	number: N9800000 2337
4. The name an	ad address of the current registered agent and office:	
	Laura Boyd Pearce, Esquire	
	Macfarlane Ferguson & McMullen	
	106 East College Ave., Suite 900, Tall	lahassee, FL 32301
5. The name an	nd address of the new registered agent (if changed) and/or re (P. O. Box Not Acceptable)	egistered office fif charged):
	Mr. Karl Bohne, Esquire	The R I
	1803 Airport Blvd	
	Milbourne, FL 32901	
agent, as chang	ress of its registered office and the street address of the buged, will be identical.	
Such change wanthorized by t	vas authorized by resolution duly adopted by its board of dithe board.	lirectors or by an officer so
(Signatufe	for an officer, chairman or vice chairman of the board)	(Date)
Jeffrey	Waters Chairman of the Board (Printed or typed name and title)	· PERMAN
Having been n corporation, I I further agree performance o registered age	named as registered agent and to accept service of process hereby accept the appointment as registered agent and age to comply with the provisions of all statutes relative to the fry duties, and I am familiar with and accept the obligate nt.	for the above stated gree to act in this capacity. See proper and complete sion of my position as
Kal	1/1/1/1// 8/	5/01
/	(Signature of Registered Agent)	Vate)
If signing on beha		· –
	- W. BOHNE (Typed or Printed Name)	(Canacity)
	(TABOR OF THERM LIMINO)	/

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