

PDDDDDDDD/5647

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

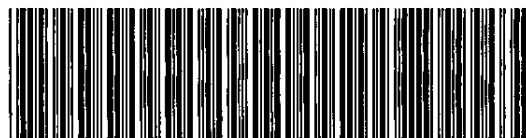
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN - 7 2013

T. ROBERTS

BULL AND ASSOCIATES, P.A.

ATTORNEYS AND COUNSELORS AT LAW

STEPHEN M. BULL*
JASON B. VRBENSKY*
ANTHONY JAGLAL
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111 NORTH ORANGE AVENUE
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ORLANDO, FLORIDA 32801

*Board Certified in Construction Law

December 28, 2012

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: NACB Interactive Educational Systems, Inc.
Registered Agent Change of Address
Florida Document Number: P00000015647
B&A 180-000

Dear Sir/Madam,

Enclosed please find the Statement of Change of Registered Agent Office to change the address of the Registered Agent, Stephen M. Bull, from Bull and Associates, P.A., 111 North Orange Avenue, Suite 1700, Orlando, Florida 32801 to Bull and Associates, P.A., 111 North Orange Avenue, Suite 875, Orlando, Florida 32801. I have also enclosed a check in the amount of \$35.00 for the filing fee.

If you have any questions, please do not hesitate to contact me.

Very truly yours,



Danielle Obar
Legal Assistant to Stephen M. Bull

Enclosure

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: NACB Interactive Educational Systems, Inc.
Name of Corporation

DOCUMENT NUMBER: P00000015647

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:

Stephen M. Bull

Name of Contact Person

Bull and Associates, P.A.

Firm/Company

111 North Orange Avenue, Suite 875

Address

Orlando, Florida 32801

City/State and Zip Code

bullfirm@bull-law.com

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

For further information concerning this matter, please call:

Stephen M. Bull

Name of Contact Person

at (407) 843-5291

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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: NACB Interactive Educational Systems, Inc.
2. The principal office address: 930 Williston Park Pt, Lake Mary, Florida 32746
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 02/08/2000 Document number: P00000015647
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)

Stephen M. Bull

111 North Orange Avenue, Suite 1700

Orlando, Florida 32801

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

Stephen M. Bull

111 North Orange Avenue, Suite 875

P.O. Box NOT acceptable

Orlando, Florida 32801

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TALLAHASSEE, FLORIDA

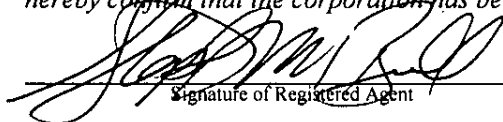
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

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

12/28/2012
Date

If signing on behalf of an entity:

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 (03/12)