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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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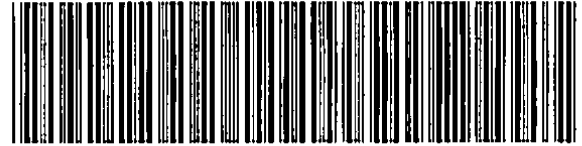
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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SEP 20 2019

T SCHROEDER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: STARCHILD ACADEMY FRANCHISE CORPORATION
Name of Corporation

DOCUMENT NUMBER: P00000025564

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:

Peter W. Zimmermann

Name of Contact Person

StarChild Academy Franchise Corporation

Firm/Company

632 E Club Cir

Address

Longwood, FL 32779

City/State and Zip Code

peterwzimmermann@outlook.com

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

For further information concerning this matter, please call:

Peter W. Zimmermann

Name of Contact Person

at (407) 774-4947

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: StarChild Academy Franchise Corporation
2. The principal office address: 1550 N Wekiwa Springs Road
Apopka, FL 32712
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 03/06/2000 Document number: P00000025564

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)

Peter W. Zimmermann

1550 N. Wekiwa Springs Road

Apopka, FL 32712

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

632 E Club Cir


P.O. Box NOT acceptable

Longwood, FL 32779

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TALLAHASSEE, FLORIDA
CLERK OF THE STATE

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

Peter W. Zimmermann, Vice President

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

08/19/2019

Date

If signing on behalf of an entity:

Peter W. Zimmermann

Typed or Printed Name

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