

POI000096001

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

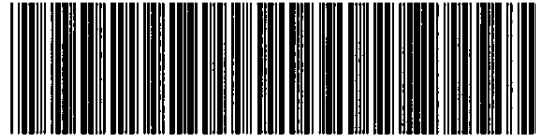
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SILVER STAR LEARNING CENTER
(Name of Corporation)

DOCUMENT NUMBER: PO1000096001

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:

JOHN G. PIERCE

(Name of Contact Person)

PIERCE & ASSOCIATES

(Firm/Company)

800 NORTH FERNCREEK AVENUE

(Address)

ORLANDO, FLORIDA 32803

(City/State and Zip Code)

For further information concerning this matter, please call:

JOHN G. PIERCE

(Name of Contact Person)

at (407) 898- 4848

(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 section 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Silver Star Learning Center, Inc.
2. The mailing address of the corporation: 1438 Marble Crest Way, Winter Garden Fl 34787
3. Date of incorporation/qualification: October 1, 2001 Document number: P0100009601

4. The name and address of the current registered agent and office:

KINGROSY & ASSOCIATES (K.A. ANTWI

16146 NW 14TH COURT

PEMBROKE, FLORIDA 33028

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

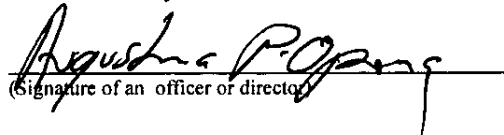
JOHN G. PIERCE

800 NORTH FERNCREEK AVENUE

ORLANDO, FLORIDA 32803

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.


(Signature of an officer or director)

Augustina P. Opong
(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.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

John G. Pierce
(Signature of Registered Agent)

John G. Pierce
(Typed or printed name)

May 8, 2007
(Date)

Attorney
(Capacity)

****Filing Fee \$35.00****

DIVISION OF CORPORATIONS

P.O. BOX 6327

TALLAHASSEE, FLORIDA 32314