

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number

: (850)205-0380

From:

Account Name

: JOHN R. GREEN, P.A.

Account Number : I20040000174

Phone

: (850)215-3610

Fax Number

: (850)215-3612

\*REGISTERED AGENT CHANGE

## ANGEL HAVEN LEARNING CENTER, INC.

Certificate of Status	0
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Estimated Charge	\$35.00

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, ange is submitted for a corporation organized under the laws of the State of Florida er to change its registered office or registered agent, or both, in the State of Florida.	this	-	
1. The name of	the corporation: Angel Haven Learning Center, Inc.			
	office address: 5311 Highway 22, Panama City, FL 32404			_
3. The mailing	address (if different):			
4. Date of incor	poration/qualification: July 15, 2002 Document number: P02000076769			<u> </u>
	d street address of the current registered agent and registered office on file with the riment of State:			
	Walters, Elizabeth J  221 McKenzie Avenue		05 0	
	Panama City, FL 32401	EVAH	8	7
6. The name an (if changed):	d street address of the new registered agent (if changed) and /or registered office	RETARY OF STANASSEE FLO	5 A	
	John R. Green, P.A.	STATE	ට. ම්	
	24 8th Street	E.	0	
	(P.O. Box NOT acceptable) Panama City, FL 32401			
The street addr	ess of its registered office and the street address of the business office of its registe be identical.	ered agen	ıt,	
	as authorized by resolution duly adopted by its board of directors or by an officer he board, or the corporation has been notified in writing of the change.			
Dien	Diana Phan, Owner  We of an officer(of director)  (Printed of typed name and title)		_	
I hereby accept I further agree of my duties, ar document is be corporation ha	t the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete pend I am familiar with and accept the obligation of my position as registered agent. In filed merely to reflect a change in the registered office address, I hereby confirs been notified in writing of this change.	erforman Or, if th m that th	ce iis ie	
I from	gritture of Registered Agent) 5 These notice of (Date)	200	5	
If signing on be	chalf of an entity:			
John R. Gree	en			
(	Typed or Printed Name)			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

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