P04000043317

(Requestor's Name)
(Address)	
(/1441039)	
(Address)	
(City/State/Zip/Phon	ne #)
PICK-UP WAIT	MAIL
(Business Entity Na	me)
(Document Number)
Certified Copies Certificate	s of Status
Special Instructions to Filing Officer:	

Office Use Only



200040670942

U1/03/05--01003--010 **35.00

05 JAN -3 PM 4: 11
SECRETARY OF STATE

ich 9



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

December 21, 2004

LOUISE METAYER SAGEMOUNT LEARNING ACADEMY, INC. 16151 NW 57 AVENUE MIAMI, FL 33014

SUBJECT: SAGEMOUNT LEARNING ACADEMY, INC

Ref. Number: P04000043317

We have received your document for SAGEMOUNT LEARNING ACADEMY, INC. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

To change the registered agent or registered office, or both, the enclosed form should be completed and returned to this office with a filing fee of \$35.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6880.

Letter Number: 704A00070783

Karen Gibson Document Specialist

DOLLAR CONTROL DO DOM GOOD MILL THE 17 00014

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

in order to change its re		Learning Aca		nc
1. The name of the corporation:		 		
2. The principal office address:	16151 NW 5	Avenue, Mi	lami, FL	33014
3. The mailing address (if different	nt):			
4. Date of incorporation/qualifica	tion: March 3	2004 Bocument r	number: P0	4000043317
5. The name and street address of Florida Department of State:				
	Grace P Es	cano		
	16151 NW 5	7 Ave		
	Miami, FL	33014		SECR SECR
5. The name and street address of (if changed):				王四 之 …
	Louise Met	ayer		Tig F
	16151 NW 5			ORI
	(P.O. Box NOT acceptab			
	Miami, FL	33014		
he street address of its registere schanged will be identical.	d office and the stree	t address of the bus	siness office o	f its registered agent,
uch change was authorized by ruthorized by the board, or the co	esolution duly adopt orporation has been n	ed by its board of do	irectors or by f the change.	an officer so
Louise Meta	uls/	Louise	Metayer,	Secretary
(Signature of an officer or direct	ում	(Print	ed or typed name a	nd Lile)
hereby accept the appointment of further agree to comply with the my duties, and I am familiar wi ocument is being filed merely to orporation has been notified in v	' provisions of all sta	lutes relative to the	nroner and c	complete performance area agent. Or, if this reby confirm that the
Louise Uel (Signature of Registered Ag	anel	Dec	3, 2004	
	ent) ((Date)	
signing on behalf of an entity:				
Louise Metayer,	Sec			
(Typed or Printed Name)				