## P040000441119

	(Requestor's Name)	
	(Address)	
(	(Address)	
•	(City/State/Zip/Phone #)	
PICK-UP	WAIT MAIL	
	(Business Entity Name)	
(Document Number)		
Certified Copies	Certificates of Status	
Special Instructions to Filing Officer:		
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Office Use Only



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October 2, 2008

DONNA BIRD ANCHOR ACADWMY OF APOPKA, INC. 214 ATHERSTON DRIVE LONGWOOD, FL 32779

SUBJECT: ANCHOR ACADEMY OF APOPKA, INC.

Ref. Number: P04000044779

We have received your document for ANCHOR ACADEMY OF APOPKA, INC. and your check(s) totaling \$113.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please remove any reference to the (DBA) name as new registered agent.

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) 245-6964.

Letter Number: 308A00052411

Irene Albritton Regulatory Specialist II

## **COVER LETTER**

TO: Amendment Section Division of Corporations				
SUBJECT: ANCHOR ACADEMY OF APOPKA, INC				
(Name of Corporation)				
DOCUMENT NUMBER: P04000044779				
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:				
MADLYN CARRAZANA				
(Name of Contact Person)				
ANCHOR ACADEMY OF APOPKA INC				
(Firm/Company)				
23 S WEIKWA SPRINGS ROAD (Address)				
APOPKA FL 32703				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
DONNA BIRD at ( 407 ) 814-9336				
(Name-of Contact Person) (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  CR2E045 (8/05)  Mailing Address: Amendment Section Division of Corporations Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				
35 #35.0°	)			
#105 Check @ 1135	50			
CR2E045 (8/05) 113.50				

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.	
statement of change is submitted for a corporation organized un	· ·
<u>USA</u> in order to change its registered office or registered ag	ent, or both, in the State of Florida.
1. The name of the corporation: ANCHOR ACADEMY OF	APOPKA, INC
2. The principal office address: 23 S Weikwa Springs Roa	ad, Apopka FL 32703
3. The mailing address (if different): 214 ATHERSTONE C	OURT
LONGWOOD FLORIDA 32779 US	
4. Date of incorporation/qualification: 09/01/2008	ocument number: <u>P0400004479</u>
5. The name and street address of the current registered agent an Florida Department of State: (If resigned, enter resigned)	d registered office on file with the
SUSAN KENNEDY	
420 STILL FOREST TERRACE	SECR.
SANFORD, FLORIDA 32771 US	OCT NOTAR
6. The name and street address of the new registered agent (if ch (if changed):	anged) and /or registered office
G-MAD INVESTMENTS LLC	
214 ATHERSTONE COURT	
(P.O. Box NOT acceptable)	
LONGWOOD FLORIDA 32779	
The street address of its registered office and the street address as changed will be identical.	s of the business office of its registered agent,
Such change was authorized by resolution duly adopted by its authorized by the board, or the corporation has been notified i	board of directors or by an officer so n writing of the change.
Markley Constitution of an officer of an off	Madlyn Carrazana, DIRECTOR (Printed or typed name and title)
I hereby accept the appointment as registered agent and agree I further agree to comply with the provisions of all statutes rel of my duties, and I am familiar with and accept the obligation document is being filed merely to reflect a change in the regis corporation has been notified in writing of this change.	e to act in this capacity. ative to the proper and complete performance of my position as registered agent. Or, if this tered office address, I hereby confirm that the
( Than	09/10/2008
(Signature of Registered Agent)	(Date)
If signing on behalf of an entity:	
George Carrazana	
(Typed or Printed Name)	
* * * FILING FEE: \$35	5.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314