

P040000047682

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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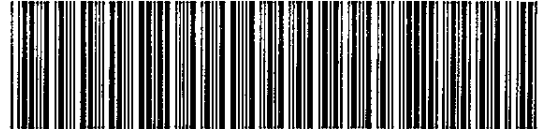
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T BROWN AUG 25 2004

R.A. Change

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: MILESTONES LANGUAGE ACADEMY  
(Name of corporation)

DOCUMENT NUMBER: P04000047682

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:

MARIA

MARINA MEDINA

(Name of contact person)

MILESTONES LANGUAGE ACADEMY  
(Firm/Company)

1718 SHORESIDE CIRCLE  
(Address)

WELLINGTON, FL 33414  
(City/state and zip code)

For further information concerning this matter, please call:

MARIA MEDINA

(Name of contact person)

at

(561) 784-4098

(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  
409 E. Gaines Street  
Tallahassee, FL 32399



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

RECEIVED

04 AUG 23 AM 8:01

DIVISION OF CORPORATIONS

August 4, 2004

MARIA MEDINA  
MILESTONES LANGUAGE ACADEMY, INC.  
1718 SHORESIDE CIRCLE  
WELLINGTON, FL 33414

SUBJECT: MILESTONES LANGUAGE ACADEMY, INC.  
Ref. Number: P04000047682

We have received your document for MILESTONES LANGUAGE ACADEMY, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

The attached form must be completed in order to file the document.

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) 245-6869.

Teresa Brown  
Document Specialist

Letter Number: 404A00048400

**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: Milestones Language Academy, Inc.  
2. The principal office address: 1718 Shoreside Circle  
Wellington, Florida 33414  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: March 17, 2004 Document number: P04000047682

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Maria Medina  
1509 North Military Trail Ste 210  
West Palm Beach, FL 33409

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

Maria Medina  
1718 Shoreside Circle  
(P.O. Box or personal mailbox NOT acceptable)  
Wellington Florida 33414

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TALLAHASSEE, FLORIDA

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]  
(Signature of an officer or director)

Maria Medina, Secretary  
(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]  
(Signature of Registered Agent)

8/12/04  
(Date)

If signing on behalf of an entity:

Maria Medina  
(Typed or Printed Name)

Secretary  
(Capacity)

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

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