

P04000142861

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RO Change

D. CONNELL MAY 21 2010

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Sweet Angels Academy Corp.
Name of Corporation

DOCUMENT NUMBER: P04000142861

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:

Philip J Shechter
Name of Contact Person

Berenfeld LLP
Firm/Company

2525 Ponce De Leon Blvd, 5th Floor
Address

Coral Gables, FL 33134
City/State and Zip Code

pshechter@berenfeldllp.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Hank Shechter at (305) 776-8723
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

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 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: Sweet Angels Academy Corp.
2. The principal office address: 3265 NW 14 Terrace, Miami, FL 33134
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 01/15/2004 Document number: P04000142861
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Maria Clavero

19400 W OAKMONT DR.
HIALEAH, FL 33015

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

Philip Shechter, CPA

2525 Ponce De Leon Blvd, 5th Floor

P.O. Box NOT acceptable

Coral Gables, FL 33134

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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.

Maria Clavero
Signature of an officer or director

Maria Clavero
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

5/19/10
Date

If signing on behalf of an entity:

Typed or Printed Name

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

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