190500091537

(Re	questor's Name)	`
(Ad	dress)	
(Address)		
(Cit	y/State/Zip/Phone	o #)
PICK-UP	MAIT WAIT	MAIL MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	pies Certificates of Status	
Special Instructions to	Filing Officer:	

Office Use Only



900104817389

06/26/07--01038--025 **35.00

DIVISION OF CORPORATIONS
2007 JUN 26 AM 11: 04

PS 6/29/07

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Real Estate School Online, Inc. (Name of Corporation)
DOCUMENT NUMBER: \$650000 91537
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:
Vaughn W. Duff Esq. (Name of Contact Person)
Think Partnership, Inc.
28050 US Highway 19 N Suite 509
Clearwater, FL 33761 (City/State and Zip Code)
For further information concerning this matter, please call:
Vaughn W. Duff at (727) 324-0046 x 2126 (Area Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made payable to the Department of State.

5.00 eneek made payable to the Department of Sta

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: Real Estate School Online, Inc.
2. The principal office address: 28050 US Highway 19 N. Svite 509 Clearwater FL 33761
3. The mailing address (if different):
4. Date of incorporation/qualification: Document number:
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Craia E. Behrenfeld
601 Bayshore Blvd, Suite 700 Tampa, FL 33606 6. The name and street address of the new registered agent (if changed) and /or registered office
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Vaughn W. Duff 28050 US Highway 19 N, Suite 509 (P.O. Box NOT (cleptable)) Clear water, FL 33761
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 of an officer or director) 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 of Registered Agent)
If signing on behalf of an entity: (Typed or Printed Name)

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