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(City/State/Zip/Phone #)	06/01/0601035002 **35.00
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COVER LETTER

TO: Amendment Section Division of Corporations

Kame of Corporation) SUBJECT

DOCUMENT NUMBER: PO600004091

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:

Aufe G. Ramsey Name of Contact Person) Liberty lut. Brivaile Schools, 14C. (Firm/Company) 12700 Washburn Dr. (Address) Fort Myers FC 33905 (City/Strate and Zip Code)

For further information concerning this matter, please call:

(Name of Contact Person)/ at (239) 694 03/9 (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

CR2E045 (8/05)

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: Liberty lifesualional Private Schools, Inc	
2. The principal office address: 12700 Washbarn Drive	
Fort Muers Fr. 3.3925	

3. The mailing address (if different):

- 4. Date of incorporation/qualification: $\underline{Ot}/(t/t)$ 2006 06 10000 4*0* 9 Document number:
- 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

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

T esid (P.O. Box NOT acceptable) 3919 ens

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.

ansee ignature of an officer of

ame

KILLEL MAIN

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.

2352 Registered Agent) (Signatu

If signing on behalt of an extity:

(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)