

06000004593

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

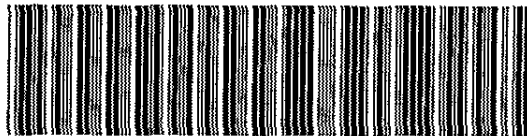
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TALLAHASSEE, FLORIDA

RA CM  
12-4-06

**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 \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: WALDEN ACADEMY OF HIGHER LEARNING, INC
2. The principal office address: 333 TRESSLER DR STUART FL 34994  
Suite B
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 01-09-06 Document number: PD6000004593
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

PATRICIA MITCHELL  
1508 FREDRICK SMALL RD  
JUPITER FL 33458

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

PATRICIA MITCHELL  
2582 SE CALUSA AVE  
(P.O. Box NOT acceptable)  
PORT SAINT LUCIE, FL 34952

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TALLAHASSEE, FLORIDA

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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.

Patricia Mitchell  
(Signature of an officer or director)

PATRICIA MITCHELL, PRESIDENT  
DIRECTOR  
(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.*

Patricia Mitchell  
(Signature of Registered Agent)

10-27-06  
(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)