

PO6000 141633

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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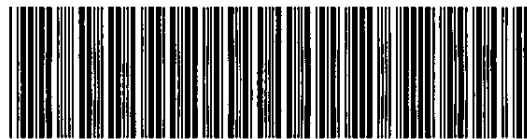
(Business Entity Name)

(Document Number)

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TO: Amendment Section
Division of Corporations

SUBJECT: THE MOZART ACADEMY
Name of Corporation

DOCUMENT NUMBER: P06000141633

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:

STACY KASTNER
Name of Contact Person

THE MOZART ACADEMY
Firm/Company

1555 WINDAMERE LN
Address

NAPLES FL 34119
City/State and Zip Code

SWERBLIN@HOTMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

STACY KASTNER at (239) 398 7641
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 FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: THE MOZART ACADEMY, Inc.
2. The principal office address: 1555 WINDAMERE LN
NAPLES FL 34119
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 1/1/07 Document number: PD6000 141633

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)

STACY KASTNER
7664 GROVES RD
NAPLES FL 34109

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

STACY KASTNER
1555 WINDAMERE LN
P.O. Box NOT acceptable
NAPLES FL 34119

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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.

Stacy Kastner
Signature of an officer or director

STACY KASTNER P
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.

Stacy Kastner
Signature of Registered Agent

NOV 7 2013
Date

If signing on behalf of an entity: STACY KASTNER

Typed or Printed Name

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