

PO6000149940

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

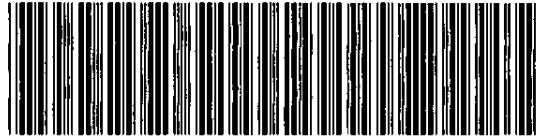
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL 32304

R.A. Chong
C.COULLIETTE

NOV 21 2008

EXAMINER

McFARLAND, GOULD, LYONS, SULLIVAN & HOGAN, P.A.
ATTORNEYS AT LAW

Serving The Tampa Bay Area For 50 Years

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† Member Multi-Million Dollar Advocates Forum
▲ Board Certified Criminal Trial Attorney

November 12, 2008

CERTIFIED MAIL RETURN RECEIPT REQUESTED

Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

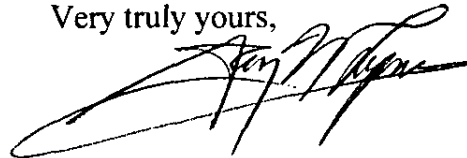
Re: Statement of Change of Registered Agent of
Admiral Continuing Education, Inc.

Dear Sir or Madam:

Enclosed please find my client's Statement of Change of Registered Office/Registered Agent for the above. Also, enclosed is a check in the amount of \$35.00 to cover the filing fee for same.

Thank you for your cooperation in this matter.

Very truly yours,



Gary W. Lyons
Attorney at Law

GWL/lbs
cc: Client
Enclosures
Statement of Change
\$35.00 check

**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: Admiral Continuing Education, Inc.
2. The principal office address: 950 Valley View Circle, Palm Harbor, Florida 34684
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 12/04/2006 Document number: P06000149940
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)

Kevin Hernandez, Esquire

28059 U.S. Highway 19 North, Suite 100

Clearwater, Florida 33763

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

Gary W. Lyons, Esquire

311 South Missouri Avenue

(P.O. Box NOT acceptable)

Clearwater, Florida 33756

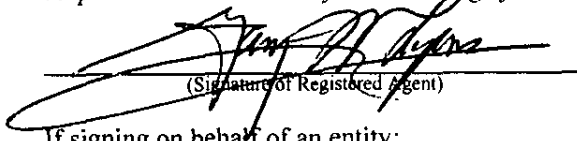
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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)

Drew A. Anusbigian, President
(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 of Registered Agent)

11/17/08
(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)

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08 NOV 17 PM 3:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA