## P09000041693

(Re	equestor's Name)	
(Ac	dress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(BL	ısiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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TALLAHASSEE, FLORID

## **COVER LETTER**

TO:	Amendment Division of (	Section Corporations		
SUBJ	IECT:	Abecedaria	an, Inc.	***************************************
		Name of C	Corporation	
DOC	UMENT NUM	BER:P09	000041693	
The e	nclosed Statem	ent of Change of Registered Offic	e/Agent and fee are subm	itted for filing.
Please	e return all corre	espondence concerning this matte	r to the following:	
		•	Ŭ	
		Anette	During ntact Person	
		Name of Co	ntact Person	
		Abaaada	wina lan	
	_		rian, Inc. ompany	
			. ,	
		555 NE 34th S	Street, Ste. 302	
	Address			
	Miami, FL 33137			
		City/State as	nd Zip Code	
		aduring@ab	cdarian.net	
	E	-mail address: (to be used for f	uture annual report noti	fication)
For fi	ırther informati	on concerning this matter, please	call:	
		Anette During	305	650 0044
-		of Contact Person	at ( <u>305</u> ) Area Code & Dayt	ime Telephone Number
Enclo	sed is a \$35.00	check made payable to the Depar	tment of State.	
		Mailing Address: Amendment Section	Street Address Amendment S	ection
		Division of Corporations P.O. Box 6327	Division of C Clifton Buildi	•
		Tallahassee, FL 32314		ng ve Center Circle

Tallahassee, FL 32301

## \* STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617,1508, Florida Statutes, this inge is submitted for a corporation organized under the laws of the State of Florida
in orde	r to change its registered office or registered agent, or both, in the State of Florida.
1. The name of	the corporation: Abecedarian, Inc.
2. The principal	office address: 801 NE 167th Street, Ste. 309, North Miami Beach, FL 33162
3. The mailing a	ddress (if different):
4. Date of incorp	poration/qualification: May 11, 2009 Document number: P09000041693
	I street address of the current registered agent and registered office on file with the trment of State: (If resigned, enter resigned)
	Anette During
	1965 S Ocean Drive, Ste. 2L
	Hallandale, FL 33009
6. The name and (if changed):	Hallandale, FL 33009  I street address of the new registered agent (if changed) and /or registered office  Anette During  555 NE 34th Street, Ste. 302  P.O. Box NOT acceptable
	Anette During
	555 NE 34th Street, Ste. 302
	P.O. Box NOT acceptable
	Miami, FL 33137
The street address changed will	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change was authorized by the	as authorized by resolution duly adopted by its board of directors or by an officer so ne board, or the corporation has been notified in writing of the change.
Signatu	Anette During, President re of an officer or director Printed or typed name and title
I hereby accept I further agree of my duties, an document is bei corporation has	the appointment as registered agent and agree to act in this capacity.  to comply with the provisions of all statutes relative to the proper and complete performance all am familiar with and accept the obligation of my position as registered agent. Or, if this ng filed merely to reflect a change in the registered office address, I hereby confirm that the seen notified in writing of this change.
	January 8, 2010
Sig	nature of Registered Agent ' Date '
If signing on be	half of an entity:
т	yped 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)