

Division of Corporations **Electronic Filing Cover Sheet** 

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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA00000023 Phone : (850) 205-8842

: (850)878-5368 Fax Number

\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

## REGISTERED AGENT CHANGE SPECIALIZED EDUCATION OF FLORIDA, INC.

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

Help

9/18/2015 9:22:31 AM From: To: 8506176380( 2/3 )

## **COVER LETTER**

TO:	Amendment Section Division of Corporations
SUBJ	ECT:Name of Corporation
	Table of Corporation
DOC	UMENT NUMBER:
The e	nclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Name of Contact Person
	Firm/Company
	Address
	City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For fu	uther information concerning this matter, please call:
	Name of Contact Person at ( )  Name of Contact Person Area Code & Daytime Telephone Number
	Name of Contact Person Area Code & Daytime Telephone Number
Enclo	sed 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 (03/12)

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

	e provisions of sections 607.0502, 617.0502, 607.1508, or 6.	
•	hange is submitted for a corporation organized under the lay	• • • • • • • • • • • • • • • • • • • •
	der to change its registered office or registered agent, or bott	
1. The name of t	f the corporation: SPECIALIZED EDUCATION OF FLORIDA	, INC.
2. The principal	al office address: 385 OXFORD VALLEY ROAD, SUITE 408	YARDLEY, PA 19067
<u> </u>		
3. The mailing a	address (if different):	
4. Date of incorp	prporation/qualification; 08/03/2012 Document a	number: P12000067738
	nd street address of the current registered agent and registere artment of State: (If resigned, enter resigned)	d office on file with the
	CORPORATION SERVICE COMPANY	
	1201 HAYS STREET TALLAHASSEE, FL 32301	5 7
6. The name and (if changed):	nd street address of the new registered agent (if changed) and :	/or registered office
	C T Corporation System	
	c/o C T Corporation System, 1200 South Pine Island Road	
	P.O. Box NOT acceptable	<del></del>
	Plantation, Florida 33324	
as changed will		
Such change wa authorized by th	was authorized by resolution duly adopted by its board of di the board or the corporation has been notified in writing o	rectors or by an officer so f the change.
	( X /	when Wasses and
Signatu	Printer of an officer or director  And rea	or typed name and little Vargas. CFO
I hereby accept I further agree t performance of agent. Or, if thi hereby confirm	Printed of an officer or director  And respond to the appointment as registered agent and agree to act in the comply with the provisions of all statutes relative to the off my dulies, and I am familiar with and accept the obligation of this document is being filed merely to reflect a change in the that the corporation has been notified in writing of this corporation System	his capacity, proper and complete on of my position as registered e registered office address, I hange
CTCon	orpotation System 9/1	lana
By: Yode Sign	ilgnarime Of Registered Agent	Date
00	behalf of an entity:	
<del></del>	Assistant Secretary	
T	Typed or Printed Name	

अव्युक्त ज<sub>िल्ला</sub>

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

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