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C.M. 8-27-14

#### **COVER LETTER**

TO: Amendment Section Division of Corporations

SUBJECT: Guiding Star Educational Services, Inc.

Name of Corporation

Name of Corporation

PH 1000064646

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filling. Phese return all correspondence concerning this matter to the following:

#### Yvonne Silva

Name of Contact Person

#### Guiding Star Educational Services, Inc

Firm/Company

4521 PGA Blvd, #507

Address

#### Palm Beach Gardens, FL. 33418

City/State and Zip Code

### yvonnesilva.ys@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Yvonne Silva

.561

408-0710

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

statement of char	rovisions of sections 607.0302, 617.0302, 607.1308, or 617.1308, Florida Statutes, this age is submitted for a corporation organized under the laws of the State of Florida  to change its registered office or registered agent, or both, in the State of Florida.
1. The name of th	ne corporation: Guiding Star Educational Services, Inc office address: 4521 PGA Blvd, #507 Palm Beach Gardens, FL. 33418
3. The mailing ac	ddress (if different): Same as Above
4. Date of incorp	oration/qualification: 07/28/2014 Document number: P14000064646
	street address of the current registered agent and registered office on file with the ment of State: (If resigned, enter resigned)
	Yvonne Silva, MPA
	7777 Davie Road Ext, Ste 302-1A, Bldg. A
_	Davie, FL. 33024-2513
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	
-	Yvonne Silva, MPA
	Yvonne Silva, MPA  4521 PGA Blvd, #507
	P.O. Box NOT acceptable
-	Palm Beach Gardens, FL. 33418
The street address as changed will be	ss of its registered office and the street address of the business office of its registered agent, be identical.
Such change was authorized by the	s authorized by resolution duly adopted by its board of directors or by an officer so e board, or the corporation has been notified in writing of the change.
Jurine	Yvonne Silva, President
I hereby accept to I further agree to performance of r agent. Or, if this	the appointment as registered agent and agree to act in this capacity. It is comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as registered is document is being filed merely to reflect a change in the registered office address, I hat the corporation has been notified in writing of this change.
Gronne	Selen 08/22/2014
U	ature of Registered Agent Date
If signing on beh	naif of an entity:
Tyr	ped or Printed Name

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