

P17000038159

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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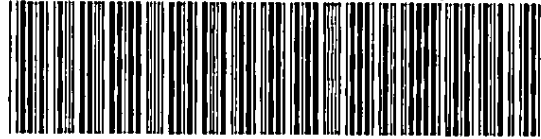
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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I ALBRITTON

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Murl-Windsor Academy, Inc.  
Name of Corporation

DOCUMENT NUMBER: P17000038159

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:

Nicole Seela  
Name of Contact Person

Turner - McGowan & Associates  
Firm/Company

1100 S STATE RD. 7 #200A  
Address

MARGATE FL 33068  
City/State and Zip Code

info@murlwindsor.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nicole Seela at ( 954 ) 970 0006  
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 \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Muri - Windsor Academy, Inc.  
2. The principal office address: 6841 NW 44th Ct. Lauderdale  
FL 33319  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 4/27/17 Document number: P17000038159

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)

Turner, Othel  
4100 S STATE RD. 7 STE 200  
MARGATE, FL 33068

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

Turner, Othel  
1100 S STATE RD. 7 STE 200  
MARGATE FL 33068

P.O. Box NOT acceptable

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.

Othel Turner  
Signature of an officer or director

Othel Turner  
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.

Othel Turner  
Signature of Registered Agent

10/31/17  
Date

If signing on behalf of an entity:

OTHEL TURNER  
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 (03/12)

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