

P21000079060

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(Business Entity Name)

(Document Number)

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2021 NOV -1 AM 8:00

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I ALBRITTON

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Alexis Holistic Learning, Inc.  
Name of Corporation

DOCUMENT NUMBER: P21000079060

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:

Thomas Klash

Name of Contact Person

Thomas W. Klash CPA

Firm/Company

1909 Tyler Street #302

Address

Hollywood, Florida 33020

City/State and Zip Code

tklash@aol.com

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

For further information concerning this matter, please call:

Thomas Klash

Name of Contact Person

at (

954

) 925-4900

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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

2021 NOV -1 PM 1:11

October 14, 2021

THOMAS KLASH  
1909 TYLER STREET #302  
HOLLYWOOD, FL 33020

SUBJECT: ALEXIS HOLISTIC LEARNING INC.  
Ref. Number: P21000079060

We have received your document for ALEXIS HOLISTIC LEARNING INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Limited liability Company, but your entity is a Profit Corporation. Please complete and return the enclosed blank form(s).

The fee to file your document is \$35.

There is a balance due of \$10.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton  
Regulatory Specialist III

Letter Number: 921A00025107

**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: Alexis Holistic Learning, Inc.  
2. The principal office address: 1909 Tyler Street #302, Hollywood, FL 33020

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 09-07-2021 Document number: P21000079060

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)

Thomas Klash CPA

1909 Tyler Street #603

Hollywood, FL 33020

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

Thomas Klash CPA

1909 Tyler Street #302

P.O. Box NOT acceptable

Hollywood, FL 33020

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

Paula Petry, 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

10-21-2021

Date

If signing on behalf of an entity:

Thomas Klash

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 (04/13)

2021 OCT -1 AM 8:00