

P22000068353

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

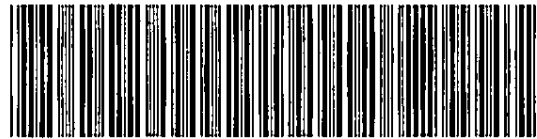
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STATE
TALLAHASSEE, FL

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Authentic Learning Designs, Inc
Name of Corporation

DOCUMENT NUMBER: P22000068353

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:

Colleen M Del Terzo

Name of Contact Person

Authentic Learning Designs Inc

Firm/Company

1365 Reading Road

Address

The Villages, FL 32163

City/State and Zip Code

cdelterzo@gmail.com

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

For further information concerning this matter, please call:

Colleen M Del Terzo

Name of Contact Person

at (305)

582 0586

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

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: Authentic Learning Designs Inc
2. The principal office address: 1365 Reading Road, The Villages FL 32163
3. The mailing address (if different): 1365 Reading Road, The Villages FL 32163
4. Date of incorporation/qualification: 08/30/2022 Document number: P22000068353
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)

Terzo, Colleen D

1365 Reading Road

The Villages, FL 32163

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

Del Terzo, Colleen M

1365 Reading Road

P.O. Box NOT acceptable

The Villages, FL 32163

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.

Colleen M Del Terzo
Signature of an officer or director

Colleen M Del Terzo, President & Director

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.

Colleen M Del Terzo
Signature of Registered Agent

12/28/22
Date

If signing on behalf of an entity:

COLLEEN M DEL TERZO
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)