

Pa7000025634

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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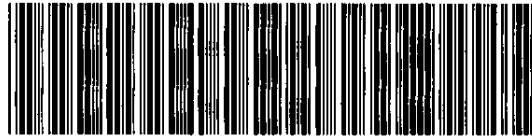
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10/14/09

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: AUSTRALIAN EDUCATION CONNECTION INC
Name of Corporation

DOCUMENT NUMBER: 097000025634

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:

JOYCE NORONHA
Name of Contact Person

Firm/Company..

10029 SW 49th PL
Address

COOPER CITY FL 33328
City/State and Zip Code

City/State and Zip Code

jnoronha@aol.com

Email address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOYCE NORONHA at (954) 594-5956
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: AUSTRALIAN EDUCATION CONNECTION INC.
2. The principal office address: 10029 SW 49th PLACE
FT LAUDERDALE FL 33328
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 03/21/97 Document number: P97000025634

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)

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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TALLAHASSEE, FLORIDA

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

JOYCE NORONHA
10029 SW 49th PL
P.O. Box NOT acceptable
COOPER CITY FL 33328

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]
Signature of an officer or director

JOYCE NORONHA
Printed or typed name and title
DIRECTOR

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]
Signature of Registered Agent

5 Oct 2009
Date

If signing on behalf of an entity:

Typed or Printed Name

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