

P99000051037

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

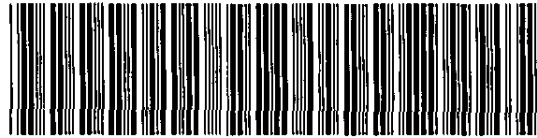
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA
CLERK OF STATE

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9/4/14

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Orlando Early Learning Academy Inc.
Name of Corporation

DOCUMENT NUMBER: P99000051037

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:

Gwendolyn L. Sparrow
Name of Contact Person

Orlando Early Learning Academy Inc.
Firm/Company

6261 Old Winter Garden Rd.
Address

Orlando, FL 32835
City/State and Zip Code

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

For further information concerning this matter, please call:

Gwendolyn Sparrow at (407) 296-2211
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

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14 AUG 25 PM 3:37
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32301
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 26, 2014

Gwendolyn Sparrow
Orlando Early Learning Academy Inc
6261 Old Winter Garden Rd.
Orlando, FL 32835

SUBJECT: ORLANDO EARLY LEARNING ACADEMY, INC.
Ref. Number: P99000051037

We have received your document for ORLANDO EARLY LEARNING ACADEMY, INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

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.

Annette Ramsey
Regulatory Specialist II

Letter Number: 314A00018302

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TALLAHASSEE, FL 32314
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**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: Orlando Early Learning Academy Inc
2. The principal office address: 6261 Old Winter Garden Rd
Orlando, Florida 32835
3. The mailing address (if different): _____

4. Date of incorporation/qualification: June 1, 1999 Document number: P99000051037

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)

Sheron Persaud
1171 Edgewood Ranch Rd.
Orlando, FL 32835

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

Gwendolyn L. Sparrow
7910 Golden Pond Cir.
P.O. Box NOT acceptable
Kissimmee, Florida 3474

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TALLAHASSEE, FLORIDA

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

SHERON PERSAUD OFFICER
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]
Signature of Registered Agent

8/19/14
Date

If signing on behalf of an entity:

Gwendolyn L. Sparrow
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