V37820

| (P) | | | | | | |
|---|-------------------|-----------|--|--|--|--|
| Southeastern Training Associates, Inc.— 20250 Maxim Parkway, Orlando, Florida 32833-3831 (Address) | | | | | | |
| | | | | | | |
| (City/State/Zip/Phone #) | | | | | | |
| PICK-UP | ☐ WAIT | MAIL | | | | |
| (Bu | siness Entity Nan | ne) | | | | |
| (Do | cument Number) | | | | | |
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| Certified Copies | Certificates | of Status | | | | |
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| Special Instructions to I | Filing Officer: | | | | | |
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Office Use Only

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1 ALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

| TO: | | iment Secon of Corp | | | =- | | | |
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| | | | | | | | _ | |
| SUBJE | ECT: | Southe | astern | Train (Na | ing Asso me of corpor | ation) | s, Inc | <u> </u> |
| DOCU | IMENI | NUMBE | R:V3 | 7820 | | · | <u>-</u> | <u> </u> |
| The en | closed a | Statement | of Change | of Registe | ered Office/ | Agent and | l fee are sul | omitted for filing |
| Please | return a | all corresp | ondence co | oncerning t | his matter to | the follo | owing: | |
| Mr | . Gar | y Sieg | [el, es | .d• | - | <u>-</u> | | • |
| | | () | lame of per | son) | | | | |
| Sot | uthea | | | | ociates | Inc. | · | , // 第 |
| | | (Name | of firm/co | mpany) | | | | |
| 650 | 00 s. | Highw | ay 17- | | | | | el _g maden |
| | | | (Address) | | | | | |
| Fe | rn Pa | | or <u>i</u> da | | , | = -2 | | · — |
| | | (City/s | state and zi | p code) | | <u>.</u> _ | | |
| For fur | ther inf | ormation of | concerning | this matte | r, please cal | 1: | | |
| Ga: | ry S | egel, (Name of | esq. | | at (407 (Area co | | 31-5848 time telepho | ne number) |
| | | | | avable to t | he Departme | - | | |

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section _
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399_

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 | f change is submitted for a corporatio <u>n</u> organized under the laws of the State of | |
| <u> Florida</u> | in order to change its registered office or registered agent, or both, in the State | |
| of Florida. | | |
| 1. The name of | the corporation: Southeastern_Training Associates, Inc. | |
| 2. The principal | office address: 6500 S. Highway 17-92 | |
| | Fern Park, Florida 32730 | |
| 3. The mailing a | address (if different): | |
| | | |
| 4. Date of incorp | poration/qualification: May 7, 1992 Document number: V37820 | |
| | d street address of the current registered agent and registered office on file with the rtment of State: | |
| | Frances K. Hutsko | |
| | 20250 Maxim Parkway | |
| | Orlando, Florida 32833 | |
| 6. The name an changed): | nd street address of the new registered agent (if changed) and /or registered office (if | |
| onungea). | Gary Siegel, esq. | |
| | 6500 S. Highway <u>17-92</u> | |
| _ | (P.O. Box or personal mailbox NOT acceptable) | |
| - | Fern Park, Florida 32730 | |
| | ess of its registered office and the street address of the business office of its registered ed will be identical. | |
| Such change wa authorized by th | as authorized by resolution duly adopted by its board of directors or by an officer so has been notified in writing of the change. | |
| + Manos | Frances K. Hutsko, President (Printed or typed name and title) | |
| , | | |
| I further agrée | the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as | |
| registered agen | nt. Or, if this document is being filed merely to reflect a change in the registered I hereby confirm that the corporation has been notified in writing of this change. | |
| ojjice uduress, i | 1 lereby confirm that the corporation has been notified in writing of this change. | |
| (Si | Signature of Registered Agent) (Date) | |
| If signing on behal | If of an entity: | ļ |
| Gury J | 10 min | 1 - 1 - |
| <i>)</i> (1 | Typed of Printed Name) * * * FILING FEE: \$35.00 * * * | • · · · · · · · · · · · · · · · · · · · |
| | MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO: | - |
| | Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 | |