

N 18800008048

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

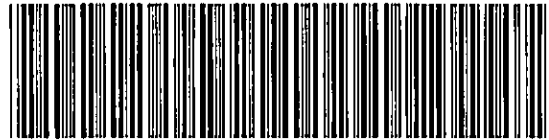
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Received faxed corrections from
M. DeLaCruz on 12/18/2018

80

Office Use Only



600320746216 ✓

12/10/18--01012--025 **35.00

S TALLFNT

DEC 18 2018

RECEIVED
FEB 1 10 11 AM '19
CLERK OF SUPERIOR COURT

18 DEC 18 PM 1:06

FILED

R/A-CH



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 13, 2018

KELLY A. DE LA CRUZ
ESCUELA MONTESSORI, INC.
2331 CHESTERFIELD CIRCLE
LAKE LAND, FL 33813

SUBJECT: ESCUELA MONTESSORI, INC.
Ref. Number: N18000008048

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

The name and title of the person signing the document must be noted beneath or opposite the signature.

IN LIEU OF MANAGER, PLEASE USE THE TITLE OF INCORPORATOR.

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.

Susan Tallent
Regulatory Specialist II

Letter Number: 618A00025584

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Mi Escuela Montessori, Inc.

Name of Corporation

DOCUMENT NUMBER: N18000008048

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:

Kelly A. De La Cruz

Name of Contact Person

Mi Escuela Montessori, Inc.

Firm/Company

2331 Chesterfield Circle

Address

Lakeland, FL 33813

City/State and Zip Code

kelly.delacruz@miescuelamontessori.com ✓

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

For further information concerning this matter, please call:

Kelly A. De La Cruz

Name of Contact Person

at (863) 899-6028

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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Escuela Montessori, Inc.
2. The principal office address: 2331 Chesterfield Circle, Lakeland, FL 33813
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 7/25/2018 Document number: N18000008048
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)

Kelly A. De La Cruz

2331 Chesterfield Circle

Lakeland, FL 33813

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

Kelly A. De La Cruz

2130 E. Edgewood Dr, Suite #1

P.O. Box NOT acceptable

Lakeland, FL 33803

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.

Kelly A. De La Cruz
Signature of an officer or director

Kelly De La Cruz, 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.

Kelly A. De La Cruz
Signature of Registered Agent

12/1/2018

Date

If signing on behalf of an entity:

Mi Escuela Montessori, Inc.

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 (03/12)

FILED
18 DEC 18 PM 1:06
TALLAHASSEE, FLORIDA