I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears
above, or on an attachment with all other like empowered.

DP

#### DOCUMENT# N0400000175

# Entity Name: PALM GLADES CHARTER SCHOOL DEVELOPERS, INC.

### **Current Principal Place of Business:**

305 ALCAZAR AVE SUITE 3 CORAL GABLES, FL 33134

# **Current Mailing Address:**

305 ALCAZAR AVE SUITE 3 CORAL GABLES, FL 33134 US

# FEI Number: 55-0856678

# Name and Address of Current Registered Agent:

MACHADO, LUIS 305 ALCAZAR AVE SUITE 3 CORAL GABLES, FL 33134 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE:

SIGNATURE: LUIS MACHADO

Electronic Signature of Registered Agent

#### **Officer/Director Detail :**

Title	DP	Title	DS
Name	MACHADO, LUIS	Name	AVIÑO, JOAQUIN G
Address	305 ALCAZAR AVE SUITE 3	Address	P.O. BOX 831766
City-State-Zip:	CORAL GABLES FL 33134	City-State-Zip:	MIAMI FL 33283

Electronic Signature of Signing Officer/Director Detail

#### FILED Jan 04, 2018 Secretary of State CC9804582080

Certificate of Status Desired: Yes

Date

01/04/2018 Date