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.				
SIGNATURE: WILLIAM PACZKOWSKI	BOARD PRESIDENT	02/10/2015		

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# N12000007220

Entity Name: EAGLE ARTS ACADEMY, INC.

Current Principal Place of Business:

1000 WELLINGTON TRACE WELLINGTON. FL 33414

Current Mailing Address:

1000 WELLINGTON TRACE WELLINGTON, FL 33414 US

FEI Number: 46-2397280

Name and Address of Current Registered Agent:

EAGLE ARTS ACADEMY, INC. 1000 WELLINGTON TRACE WELLINGTON, FL 33414 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	: GREGORY JAMES BLOUNT			02/10/2015	
	Electronic Signature of Registered Agent			Date	
Officer/Director Detail :					
Title	SECRETARY	Title	PRESIDENT		
Name	QUINN, TIMOTHY	Name	PACZKOWSKI, WILLIAM		
Address	1000 WELLINGTON TRACE	Address	1000 WELLINGTON TRACE		
City-State-Zip:	WELLINGTON FL 33414	City-State-Zip:	WELLINGTON FL 33414		
Title	TREASURER, PARENT LIAISON				
Name	HAVRILLA, BROOKE				
Address	1000 WELLINGTON TRACE				
City-State-Zip:	WELLINGTON FL 33414				

Certificate of Status Desired: Yes

FILED Feb 10, 2015 Secretary of State CC3137897615

Date