# 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: TIFFANY SMURAWA

Electronic Signature of Signing Officer/Director Detail

## DOCUMENT# N1300009408

Entity Name: CELANDINE LIFE-PREP ACADEMY, INC.

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

140 TONINA COVE, SUITE 100/150 MAITLAND, FL 32751

## **Current Mailing Address:**

140 TONINA COVE, SUITE 100/150 MAITLAND, FL 32751

## FEI Number: 46-3956015

# Name and Address of Current Registered Agent:

TORRES, CYNTHIA 140 TONINA COVE, SUITE 100/150 MAITLAND, FL 32751 US Certificate of Status Desired: Yes

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:

Electronic Signature of Registered Agent

## Officer/Director Detail :

Title	D/P	Title	D/VP
Name	TORRES, CYNTHIA	Name	PETERSON, KRISTEN
Address	3322 CRYSTAL CREEK BLVD.	Address	10539 STRADFORD ROW
City-State-Zip:	ORLANDO FL 32837	City-State-Zip:	ORLANDO FL 32817
Title	D/S	Title	D/T
Title Name	D/S SMURAWA, TIFFANY	Title Name	D/T ANDRADE, MARGARITA

SECRETARY

01/15/2015

Date

Date