Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H10000173988 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Division of Corporations,

: (850)617-6380

From:

: CORPORATION SERVICE COMPANY Account Name

Account Number: T2000000195 : (850)521-1000 Fax Number : (850)558-1515

**Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.

REGISTERED AGENT CHANGE ADVANCE EDUCATION, INC.

| Certificat | e of Status | 0 | | | | |
|------------------|-------------------------|--------------|--|--|--|--|
| Certified | Сору | 0 | | | | |
| Page Count | | 02 | | | | |
| Estimated | Charge | \$35.00 | | | | |
| onic Filing Menu | umummummummimuw lenu | Help A \Sort | | | | |

Electronic Filing Menu



STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS ${}^{\prime}$

| | statement of char | nge is submitted for | a corporation orga | nized under the | 617.1508, Florida : laws of the State of _ poth, in the State of I | Georgia | s | |
|--|---|---|--|---|--|---------------------------------------|-------------------------------------|----------|
| | 1. The name of the | ne corporation:_Al | DVANCE EDUC | ATION, INC. | *************************************** | | | |
| | 2. The principal | office address: | • | | | | | |
| e agr _{iji d} ayeyaa a ga ar e | 2520 North | winds Parkway, | Suite 600, Alphare | etta, GA 30009 |) | | | |
| | | | | | | | | |
| | 4. Date of incorp | oration/qualification | n: 12/17/2008 | Documer | nt number: F08000 | 005328 | | |
| | | street address of the | e current registered | agent and registe | ered office on file wi | ith the | SE(| - |
| | | Dr. Pat Wentz | | | , | A | AUG | |
| | | 11000 University Parkway, Bldg. 78, Room 117B | | | | | 14 % | |
| • | | Pensacola, FL 3 | 2514 | | | ند. ایراً | # 3 | |
| | 6. The name and (if changed): | | ne new registered ago | ent (if changed) | and /or registered of | <u> </u> | 2: 12 STATE | 4.9 |
| • | • | Corporation Ser | vice Company | | | | | |
| • | | 1201 Hays Street | | , | | | | |
| | | H | (P.O. Box NOT acceptable | e) | | | | |
| | | Tallahassee, FL | 32301 | | | | | |
| | The street addre | ss of its registered be identical. | office and the street | t address of the | business office of i | its registere | d agent, | |
| | Such change was | is authorized by re ne board, or the cor | solution duly adopt poration has been r | ed by its board of notified in writin | of directors or by ar ng of the change. | n officer so | 1 | |
| | Der | nea N | 786 | Blanca Lo | zada, Attorney in I | Fact | | |
| | I hereby accept I further agree of my duties, and document is bei corporation has | the appointment a the appointment a to comply with the d I am familiar wi ng filed merely to been notified in w on Service Comp | s registered agent a provisions of all sta th and accept the of reflect a change in t riting of this chang | and agree to act stutes relative to bligation of my j he registered of e. | in this capacity. the proper and convertion as register of the proper and convertion as register of the property of the prope | | formance Or, if this that the | \$ \$ |
| • | By: Soli | mature of Registered Age | ent) | 07/28/201 | (Date) | · · · · · · · · · · · · · · · · · · · | | |
| | If signing on be | half of an entity: | <i>:</i> | • | | | | |
| | | et, Asst. Vice Pre yped or Printed Name) | sident | | | | | |
| | | | * * * FILING F | TEE: \$35.00 * * | ł *# | | | |