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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name: REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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120 JUL 13 161 9:39

REGISTERED AGENT CHANGE NEW CENTURY EDUCATION FOUNDATION INCORPORATED

Certificate of Status	0
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Page Count	02
Estimated Charge	\$35.00

JUL 1 8 2020

S. YOUNG

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of ch	aange is submitted for a corporat	2, 617.0502, 607.1508, or 617.1508, Florida ion organized under the laws of the State of or registered agent, or both, in the State of	f New Jersey
1. The name of	the corporation: New Century E	ducation Foundation, Inc.	
	al office address; 581 VALLEY R		
3. The mailing	address (if different): PO BOX 43	8052 MONTCLAIR, NJ 07043	
4. Date of inco	rporation/qualification: 11/05/12	2 Document number: F12000	0004517
	nd street address of the current re artment of State: (If resigned, ent	gistered agent and registered office on file ver resigned)	with the 2020
	NRAI SERVICES, INC		2020 JUL 13
	1200 South Pine Island F	Road	3
	Plantation, FL 33324		PR 17
6. The name ar (if changed):		stered agent (if changed) and /or registered c	
	Registered Agents In	C.	
	7901 4th St N STE 300		
		O. Box NOT acceptable	•••
	St. Petersburg FL 33	702	_
The street addras changed wil	ress of its registered office and t ll be identical.	the street address of the business office of	its registered agent,
Such change wauthorized by	vas authorized by resolution duly the board, or the corporation has	y adopted by its board of directors or by ar s been notified in writing of the change.	officer so
James	Drillin	James Griffin Printed or typed name and t	iile
- I further agree - performance o	to comply with the provisions of If my duties, and I am familiar w	agent and agree to act in this capacity. If all statutes relative to the proper and co with and accept the obligation of my positic ly to reflect a change in the registered offi- notified in writing of this change.	mplete on as registered
Bee Ha	ne	7/13/20	
Si	gnature of Registered Agent	Date	
If signing on b	ehalf of an entity:		
Bill Havre			
•	Typed or Printed Name		

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (03/12)

* * * FILING FEE: \$35.00 * * *