

Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I20000000195

Phone

: (850)521-1000

Fax Number

: (850)558-1575

REGISTERED AGENT CHANGE

INTERNATIONAL UNIVERSITY CORPORATION

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

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Corporate Filing Menu

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TROBERS JUN 1 5 2009

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

	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508. Florida Statutes, this unge is submitted for a corporation organized under the laws of the State of Illinois	
	er to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of	the composation: TRINITY INTERNATIONAL UNIVERSITY CORPORAT	ĮQ)
2. The principal		
2065 Hal	f Day Road, Deerfield, IL 60015	
3. The mailing s	address (if different):	
4. Date of incon	poration/qualification: 08/22/1996 Document number: F96000004304	
5. The name and	I street address of the current registered agent and registered office on file with the timent of State:	
	C T Corporation System	
	1200 South Pine Island Road	
	Plantation, FL 33324	09
6. The name are (if changed);	i street address of the new registered agent (if changed) and /or registered office	
	Corporation Service Company	
	1201 Hays Street	
	(P,O, Box NOT acceptable)	
	Tallahassee, FL 32301	
The street address changed will	ess of its registered office and the street address of the business office of its registered agent, be identical.	
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer so se board, or the corporation has been notified in writing of the change.	
4. July	J. Michael Picha CAB	
I hereby accept I further agree to of my dutles, an document is best corporation las	the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and complete performance of I am familiar with and accept the obligation of my position as registered agent. Or, if this my filed marery to registered agent, or, if this my filed marery to registered agent that the legistered office address, I hereby confirm that the legen follows in writing of this change.	
By:	ion/Service Company (1/2/0)	
Teioning on hel	half of an entity:	
Arny Gudge	•	
	ypod or Printed Name)	
·	* * * FILING FEE: \$35.00 * * *	
	MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)