

P94000085106

(Requestor's Name)

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CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 119676 7851416

AUTHORIZATION :

COST LIMIT : \$ 85.00

[Handwritten signature]

ORDER DATE : March 5, 2012

ORDER TIME : 9:21 AM

ORDER NO. : 119676-078

CUSTOMER NO: 7851416

CHANGE OF AGENT

NAME: SEGMENTS OF KNOWLEDGE, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Evelyn Wright -- EXT# 3186

EXAMINER:

[Handwritten signature]

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: SEGMENTS OF KNOWLEDGE, INC.
2. The principal office address: 424 N. Calhoun Street, Tallahassee, FL 32301-1230

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 11/22/1994 Document number: P94000085106

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Linda Figg

424 N Calhoun Street

Tallahassee, FL 32301-1230

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Corporation Service Company

1201 Hays Street

(P.O. Box NOT acceptable)

Tallahassee, FL 32301

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.



(Signature of an officer or director)

Maureen Cathell, Vice President

(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Corporation Service Company

By: 

(Signature of Registered Agent)

March 5, 2012

(Date)

If signing on behalf of an entity:

Grace E. Kirby, Assistant VP

(Typed or Printed Name)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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