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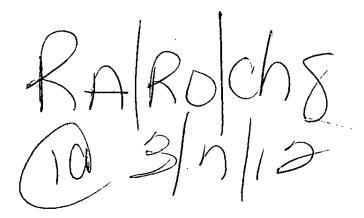
(Requestor's Name)					
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PICK-UP WAIT MAIL					
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12 MAR -7 PH 12: 40 DEPA DESCRIVED STATE





ACCOUNT NO. : 12000000195

REFERENCE: 119676 7851416

AUTHORIZATION :

COST LIMIT

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:

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

statement of cha		2, 607.1508, or 617.1508, Florida Statutes, zed under the laws of the State of Florida red agent, or both, in the State of Florida.		
1. The name of	the corporation: SEGMENTS OF KNC	OWLEDGE, INC.		
2. The principal	office address: 424 N. Calhoun Street,	Tallahassee, FL 32301-1230		
3. The mailing a	address (if different):			
4. Date of incorp	poration/qualification: 11/22/1994	Document number: P94000085106	· •	
	d street address of the current registered ag rtment of State:	ent and registered office on file with the		
	Linda Figg			
	424 N Calhoun Street			para,
	Tallahassee, FL 32301-1230		12 H	HALLAH Reserve
6. The name and (if changed):	d street address of the new registered agent	t (if changed) and /or registered office	2 MAR -7 PH 12: 40	25 TO 100
	Corporation Service Company		PH	- 39 <u>4</u> - 341
	1201 Hays Street		5፡ ተ(
	(P.O. Box NOT acceptable)		٠	कि
771 · 11	Tallahassee, FL 32301	11 67 1 2 67 67	1	
		address of the business office of its regist		ent,
Such change wa authorized by the	as authorized by resolution duly adopted he board, or the corporation has been not	by its board of directors or by an officer ified in writing of the change.	SO	
Mal	wentashell	Maureen Cathell, Vice President		
I hereby accept I further agree of my duties, an document is bei corporation has	nd I am familiar with and accept the oblic ing filed merely to reflect a change in the s been notified in writing of this change.	(Printed or typed name and title) I agree to act in this capacity, tes relative to the proper and complete p gation of my position as registered agent registered office address, I hereby confi	erform '. Or, ij irm thai	ance f this t the
By:	on Service Company gnature of Registered Agent)	March 5, 2012 (Date)		
If signing on be	chalf of an entity:			
Grace E. Kirb	y, Assistant VP			
(Typed or Printed Name)			

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