above, or on an attachment with all other like empowered.

Electronic Signature of Signing Officer/Director Detail

Officer/Director Detail :

Electronic Signature of Registered Agent

Title	D/P	Title	D/VP
Name	BAKER, CHRIS	Name	OTEIZA-CASTRO, MARGARITA
Address	201 S. BISCAYNE BLVD SUITE 800	Address	201 S. BISCAYNE BLVD SUITE 800
City-State-Zip:	MIAMI FL 33131	City-State-Zip:	MIAMI FL 33131
Title	D/S	Title	D/T
Title Name	D/S HARPER, GEORGE R	Title Name	D/T RECAREY, BENIGNO
Name	HARPER, GEORGE R	Name	RECAREY, BENIGNO

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

FEI Number: 65-0393898

Name and Address of Current Registered Agent:

HARPER, GEORGE R 201 S. BISCAYNE BLVD. SUITE 800 MIAMI, FL 33131 US

SIGNATURE:

Current Mailing Address:

Current Principal Place of Business:

201 S. BISCAYNE BLVD. SUITE 800 MIAMI, FL 33131 US

201 S. BISCAYNE BLVD.

SUITE 800 MIAMI, FL 33131

DOCUMENT# N47798 Entity Name: RUSTON-BAKER EDUCATIONAL INSTITUTION, INC.

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: GEORGE R. HARPER

rector Detail

SECRETARY

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears

FILED Apr 02, 2015 Secretary of State CC8668708834

Certificate of Status Desired: No

Date

04/02/2015 Date