# SIGNATURE: ANGELA LEVINE

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

Electronic Signature of Signing Officer/Director Detail

VP

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 607, Florida Statutes; and that my name appears

# 2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT# P13000031505

Entity Name: SELECTIVE COLLEGE CONSULTING, INC.

### **Current Principal Place of Business:**

3314 HENDERSON BLVD. SUITE 100 M TAMPA, FL 33609

### **Current Mailing Address:**

3314 HENDERSON BLVD. SUITE 100 M TAMPA, FL 33609 US

#### FEI Number: 46-2476899

#### Name and Address of Current Registered Agent:

LEVINE, ROBERT A 3314 HENDERSON BLVD. SUITE 100 M TAMPA, FL 33609 US

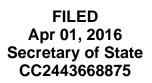
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

# SIGNATURE

### Officer/Dire

Title	Р	Title	VP	
Name	LEVINE, ROBERT A	Name	LEVINE, ANGELA G	
Address	3314 HENDERSON BLVD. SUITE 100 M	Address	3314 HENDERSON BLVD. SUITE 100 M	
City-State-Zip:	TAMPA FL 33609	City-State-Zip:	TAMPA FL 33609	

	E:						
	Electronic Signature of Registered Agent						
ector Detail :							
	Ρ	Title	VP				
	LEVINE, ROBERT A	Name	LEVINE, ANGELA G				



Certificate of Status Desired: No

04/01/2016

Date