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 above, or on an attachment with all other like empowered. VP SIGNATURE: ANGELA LEVINE

Electronic Signature of Signing Officer/Director Detail

Entity Name: SELECTIVE COLLEGE CONSULTING, INC.

Current Principal Place of Business:

3314 HENDERSON BLVD. SUITE 100 M TAMPA, FL 33609

Current Mailing Address:

DOCUMENT# P13000031505

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:

Electronic Signature of Registered Agent

Officer/Director Detail :

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

Date

Certificate of Status Desired: No

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

FILED Jan 21, 2020

Secretary of State

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2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

01/21/2020