Entity Name: NICENE SCHOOLS INTERNATIONAL, INC.

Current Principal Place of Business:
681 GOODLETTE RD., STE. 210
NAPLES, FL 34102

Current Mailing Address:
681 GOODLETTE RD., STE. 210
NAPLES, FL 34102

FEI Number: 65-0649778

Name and Address of Current Registered Agent:
BEAL, MICHAEL
681 GOODLETTE RD., STE. 210
NAPLES, FL 34102 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:

<table>
<thead>
<tr>
<th>Electronic Signature of Registered Agent</th>
<th>Date</th>
</tr>
</thead>
</table>

Officer/Director Detail:

<table>
<thead>
<tr>
<th>Title</th>
<th>Name</th>
<th>Address</th>
<th>City-State-Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td>D</td>
<td>SLACK, AARON</td>
<td>6865 FAIRVIEW ST.</td>
<td>FT. MYERS FL 33912</td>
</tr>
<tr>
<td>D</td>
<td>WALKER, JEREMY</td>
<td>27606 WISCONSIN ST.</td>
<td>BONITA SPRINGS FL 34135</td>
</tr>
<tr>
<td>D</td>
<td>HARRISON, SAMUEL D</td>
<td>4980 LEBUFF RD.</td>
<td>NAPLES FL 34114</td>
</tr>
</tbody>
</table>

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

SIGNATURE: SAMUEL D. HARRISON
DIRECTOR
04/20/2016