

1/26/2016 3:49:02 PM From: T. 8 06 76 3 (17)

A98000000092

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 205-8842
Fax Number : (850) 878-5368

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: _____

**REGISTERED AGENT CHANGE
CAMPLIFE, LTD.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CAMPLIFE, LTD.
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A9800000092

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Margaret Choi & Samantha Yu

Contact Person

Nord Anglia Education

Firm/Company

Level 12, St George's Building, 2 Ice House Street

Address

Central, Hong Kong

City, State and Zip Code

margaret.choi@nordanglia.com; samantha.yu@nordanglia.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Margaret Choi & Samantha Yu

at (852) 3951-1100

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Florida Department of State.

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

TNHS04 (01/06)

**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP
STATEMENT OF CHANGE OF REGISTERED OFFICE OR
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. CAMPLIFE, LTD.
Name of Limited Partnership or Limited Liability Limited Partnership
2. 01/07/1998 3. A98000000092
Date of filing/registration in Florida Florida document number

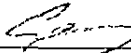
4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

CORPORATION SERVICE COMPANY
Name
1201 HAYS STREET
Address
TALLAHASSEE, FL 32301-2525
City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:


C T Corporation System
Name
1200 South Pine Island Road
Florida street address (P.O. Box not acceptable)
Plantation, FL 33324
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.


Signature of General Partner

GRAEME HALDER

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


Signature of Registered Agent

Jordan Brown Asst. Secretary

Filing Fee: \$35.00
Certified Copy (optional): \$52.50

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