F0000002535

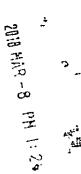
(Re	questor's Name)	
(Ad	dress)	
(Ad	ldress)	
·	•	
	ty/State/Zip/Phone	
(CII	ty/State/Zip/Prione	: #)
PICK-UP	☐ WAIT	MAIL
	· —	
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
		
Special Instructions to	Filing Officer:	
		1





500310037055

03/08/18--01021--030 **35.00



MAR 1 ? 2018 MAR 1 ? NCWAIR



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Anthony Arthur anthony.arthur@cscglobal.com

Date: March 6, 2018

Order#: 097165-010

Re: APEX LEARNING INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Anthony Arthur c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA



STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 60 inge is submitted for a co r to change its registere	orporation organize	d under the la	ws of the State of W	<u> </u>	
1. The name of t	the corporation: APEX L	EARNING INC.		 -	<u>.</u>	
	office address:					
3. The mailing a	address (if different):					
4. Date of incorp	poration/qualification:	05/08/2000	Document	number: F0000000	2535	
	I street address of the cu timent of State: (If resign		nt and register	ed office on file with		
	NRAI SERVICES, INC				2018	
	515E PARK AVENUE				2018 MAR - 8	
	Tallahassee		FL	32301	6	
6. The name and (if changed):	I street address of the ne		if changed) ar	nd /or registered offic	TO THE MAN	
	Corporation Service C	ompany 		<u> </u>		
	1201 Hays Street					
	Tallahassee	P.O. Box NOT acc	eptable FL	32301		
as changed will	ess of its registered office be identical. as authorized by resolute the board, or the corpora				_	
~						
S100010	COME.		ill Cilmi, Vice	President led or typed name and title		
I hereby accept I further agree performance of agent. Or, if th hereby confirm	the appointment as reg to comply with the prov my duties, and I am fan is document is being fild that the corporation ha on Service Company	isions of all statute niliar with and acco ed merely to reflect is been notified in w	gree to act in s relative to to ept the obliga a change in t	this capacity. he proper and compl tion of my position a he registered office	lete s registered address, I	
By: Drae			03/06/2018			
•	nature of Registered Agent			Date		
If signing on be	half of an entity:					
	Assistant Vice Preside	nt ————				
Τ	yped or Printed Name					

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

* * * FILING FEE: \$35.00 * * *