

F010000006238

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

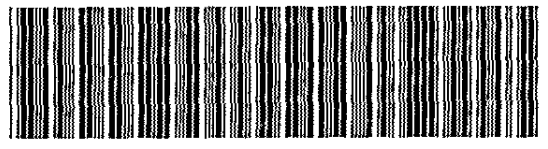
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900033170639

04/30/04--01044--008 **35.00

FILED
04 APR 30 AM 9:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R.A. change

T BROWN MAY - 6 2004

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Harding University, Inc.
(Name of corporation)

DOCUMENT NUMBER: F01000006230

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

Please return all correspondence concerning this matter to the following:

Donald E. Kee
(Name of person)

Harding University
(Name of firm/company)

Box 12283, 900 E. Center Ave
(Address)

Searcy, AR 72149-0001
(City/state and zip code)

For further information concerning this matter, please call:

Donald E. Kee at (501) 279-4210
(Name of person) (Area code & daytime telephone number)

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

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Arkansas in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: Harding University, Inc.
- 2. The principal office address: Box 12277, 900 E. Center Ave
Searcy, AR 72149-0001
- 3. The mailing address (if different): Same

4. Date of incorporation/qualification: December 3, 2001 Document number: F01000006238

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

David Lynn Wright
111 W. Madison Street, Suite 574
Tallahassee, FL 32399-1400

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Lynn Dixon
2928 Quail Rise Court
(P.O. Box or personal mailbox NOT acceptable)
Tallahassee, FL 323089 LSD

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

David B. Burks
(Signature of an officer, chairman or vice chairman of the board)

David B. Burks, President
(Printed or typed name and title)

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Lynn Dixon
(Signature of Registered Agent)

10/7/2003
(Date)

If signing on behalf of an entity:

(Typed or Printed Name) (Capacity)

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

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

04 APR 30 AM 9:07
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA