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2024 SEP 24 PM 11: 25

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 636866

8461674

AUTHORIZATION :

COST LIMIT : \$ 35.0

ORDER DATE: September 11, 2024

ORDER TIME : 9:15 AM

ORDER NO. : 636866-009

CUSTOMER NO: 8461674

CHANGE OF AGENT

NAME: INSTITUTE OF READING

DEVELOPMENT, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Shauna Godbolt

EXAMINER'S INITIALS:

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

statement of cha	provisions of sections 607.0502, inge is submitted for a corporation r to change its registered office o	on organized under the law	vs of the State of _	California
	the corporation: INSTITUTE OF		•	
	office address: 5 Commercial B			
3. The mailing a	ddress (if different):		· · · · · · · · · · · · · · · · · · ·	
4. Date of incorporation/qualification: 03/13/2002 Document number: F02000001274				01274
5. The name and	I street address of the current reg tment of State: (If resigned, ente	istered agent and registere	d office on file wit	th the
	C T Corporation System			
	1200 South Pine Island Road			
	Plantation	FL	33324	
6. The name and (if changed):	I street address of the new registe	ered agent (if changed) and	l /or registered off	
	Corporation Service Company	,		2024 SEC
	1201 Hays Street			2024 SEP 21 SECRETAL
P.O. Box NOT acceptable				学 2
	Tallahassee	FL	32301	- 50mg - 42mg - 産
The street addre	ess of its registered office and the be identical.	e street address of the bus	siness office of its	registered agent,
Such change wa authorized by th	ns authorized by resolution duly ne board, or the corporation has	adopted by its board of d been notified in writing o	lirectors or by an of the change.	officer so
/s/ Joshua Kizner			ner, Chief Ope	
l hereby accept I further agree t of my duties, an document is bei corporation has	the appointment as registered a comply with the provisions of a lam familiar with and accept for filed merely to reflect a chart been notified in writing of this in Service Sompany	ngent and agree to act in t fall statutes relative to the t the obligation of my posi tge in the registered office	ed or typed hame and till this capacity, e proper and com ition as registered e address, I hereb	plete performance
By: Cli	Meller	09/24/2024		_
Sign	nature of Registered Agent half of an entity:		Date	
	•			
<u>.</u>	, Asst. Vice President yped or Printed Name			

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