	1 (2818) (27) 881)) 887(1 1)9) 881(8 1)18 (21)8 10)1 87(8 1)18 (81)8 (81)8 (81)8 (81)8 (81)8 (81)8 (81)8 (81)
(Requestor's Name)	
(Address)	
(Address)	_   1001093398
(City/State/Zip/Phone #)	-
PICK-UP WAIT MAIL	09/13/070104601
(Business Entity Name)	-
(Document Number)	TALLAI SECRE
Certified Copies Certificates of Status	Ry Many See
Special Instructions to Filing Officer:	FLORIUS
Office Use Only	



961

? \*\*35.00

07 SEP 13 AM 9: 16

## **COVER LETTER**

TO:	Amendment Section Division of Corporations		
SUBJI	ECT: Adaptive Learning Systems, Inc.	rporation)	
DOCU	MENT NUMBER: F02000001411		
The en	closed Statement of Change of Registered Office/	Agent and fee are submitted for filing.	
Please	return all correspondence concerning this matter t	o the following:	
	Kevin T. Forcier		
	(Name of Cont	act Person)	
	Adaptive Learning Systems, Inc (Firm/Con		
	7150 114th Avenue N., Suite 200 (Addre		
	Largo, FL 33773 (City/State and	Zin Code)	h
For fur	ther information concerning this matter, please ca	1 /	
Kevin	T. Forcier (Name of Contact Person)	at ( 727 ) 507-9646 (Area Code & Daytime Telephone Nu	mber)
Enclos	ed is a \$35.00 check made payable to the Departn	nent of State.	
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

ŧ,

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

statement of ch	provisions of sections 607.0302, 617.03 ange is submitted for a corporation orga er to change its registered office or regis	nized under the laws of the State of $\Box$	Delaware		_
1. The name of	the corporation: Adaptive Learning Syst	ems, Inc.			
2. The principal	office address: 7150 114th Avenue N.,	Suite 200, Largo, FL 33773	· <u> </u>		
3. The mailing	address (if different):				
4. Date of incor	poration/qualification: 3/19/2002	Document number: F0200000	)1411		
	d street address of the current registered rtment of State:	agent and registered office on file with	the		
	Kevin T. Forcier				
	6840 Ulmerton Rd.				
	Largo, FL 33771				
6. The name an (if changed):	d street address of the new registered ago	ent (if changed) and /or registered offic	SEURE I	07 SEP	
	Kevin T. Forcier		SSEE	ಷ	
	7150 114th Avenue N., Suite 2		OF S	A	
	(P.O. Box NOT acceptable	(e)	욢	<del>-</del>	Q
	Largo, FL 33773		) A	۳	
The street addr as changed wil	ess of its registered office and the stree I be identical.	t address of the business office of its	register	ed age	nt,
Such change wauthorized by t	ras authorized by resolution duly adopt the board, or the corporation has been r	ed by its board of directors or by an contified in writing of the change.	officer so	)	
Sein	1 Forcis	Kevin T. Forcier, President			
(Signal	tule of an officer-of director)	(Printed or typed name and tit	ile)		_
I further agree of my duties, a document is be	t the appointment as registered agent a to comply with the provisions of all stond I am familiar with and accept the obing filed merely to reflect a change in the best of this change in the province of this change.	itules relative to the proper and complication of my position as registered the registered office address, I hereby	plete per agent. ( v confirm	forma Or, if t 1 that t	nce this the
/Seci	of com	September 10, 2007			
(S	ignature of Registered Agent)	(Date)			_
If signing on b	ehalf of an entity:				
	Typed 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 \* \* \*