## División of Corporations 1000056 Page Not 1 Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092

Fax Number ; (850)B78-5368

\*\*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 Mchan 8 NATIONAL EDUCATION LOAN NETWORK, INC.

Certificate of Status	0
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MAR 27 2013

T. LEWIS

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3/26/2013

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

statement of cha	provisions of sections 607.0502, 617.0502, ange is submitted for a corporation organiz or to change its registered office or register		
1. The name of t	the corporation: National Education Loan Ne	twork, Inc.	
2. The principal	office address: 121 S. 13th Street, Suite 201,	Lincoln NE 68508	
3. The mailing a	address (if different):		
4. Date of incorp	poration/qualification: 11/13/2002	Document number: F02000005690	
	d street address of the current registered agrithment of State: (If resigned, enter resigned	ent and registered office on file with the	
	Corporation Service Company	A P	
	1201 Hays Street	R 27	
	Tallahassee FL 32301	P.	
6. The name and (if changed):	d street address of the new registered agent  C T Corporation System	(if changed) and /or registered office	
		a Island Doad	
	c/o C T Corporation System, 1200 South Pine Island Road  P.O. Box NOT acceptable		
	Plantation, Florida 33324		
The street addre	ess of its registered office and the street ac be identical.	idress of the business office of its registered agent,	
Such change wa authorized by th	as authorized by resolution duly adopted be ne board, or the corporation has been notif	by its board of directors or by an officer so fied in writing of the change.	
bolsk K_	1 Mocian	Nichol McCroy, VP	
hêreby confirm	the appointment as registered agent and to comply with the provisions of all statuting duties, and I am familiar with and accided agent is being filed merely to reflect that the corporation has been notified in corporation.	epinted or typed name and title agree to act in this capacity. es relative to the proper and complete sept the obligation of my position as registered et a change in the registered office address, I writing of this change.	
By: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	~ 11 Hd)	3/25/2013	
	nature of Registered Ageny	Date	
	half of an entity: 168 M. Halpin		
_	istant-Secretary———		
,	* * * FILING FEE	: \$35.00 * * *	

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

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