

F02000005815

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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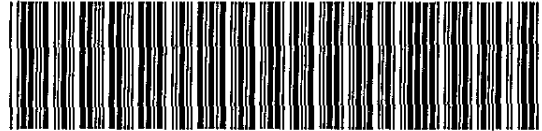
(Business Entity Name)

(Document Number)

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C. Coulliette APR 08 2003



ACCOUNT NO. : 072100000032

REFERENCE : 988428 7197927

AUTHORIZATION :

Patricia Pigato

COST LIMIT : \$ 35.00

ORDER DATE : March 28, 2003

ORDER TIME : 10:02 AM

ORDER NO. : 988428-105

CUSTOMER NO: 7197927

CUSTOMER: Ms. Caryn Kenin
Healthstar Communications, Inc
Suite 202
100 Woodbridge Center Drive
Woodbridge, NJ 07095

CHANGE OF AGENT

NAME: OPTIMA EDUCATIONAL SOLUTIONS,
INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Carla E. Lohi

**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 Illinois in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: OPTIMA EDUCATIONAL SOLUTIONS, INC.

2. The principal office address: _____

3265 N. Arlington Heights Rd., Ste. 307, Arlington Heights, IL 60004

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 11/21/2002 Document number: F02000005815

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

Lexisnexis Document Solutions Inc.

3953 W.W. Kelley Road

Tallahassee, FL 32311

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

Corporation Service Company

1201 Hays Street

(P.O. Box or personal mailbox NOT acceptable)

Tallahassee, FL 32301

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.

Carrie Keen

(Signature of an officer, chairman or vice chairman of the board)

Carrie Keen - Assistant Secretary

(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.

Elizabeth A. Dawson

(Signature of Registered Agent)

4/3/03

(Date)

If signing on behalf of an entity:

Elizabeth A. Dawson

(Typed or Printed Name)

Assistant Vice President

(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