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(Re	equestor's Name)				
(Ac	idress)					
(Ac	ddress)					
(Ci	ty/State/Zip/Phor	ne #)				
PICK-UP	WAIT	MAIL				
(Bu	usiness Entity Na	ame)				
(Document Number)						
Certified Copies	Certificate	es of Status				
Special Instructions to	Filing Officer:					
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SECRETARY OF STATE
JIVISION OF CORPORATIONS

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AUG 2 2 2016

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CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Grace Kirby grace.kirby@cscglobal.com

Date: August 8, 2016

Order#: 206114-072

Re: ASBURY COLLEGE, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Grace Kirby

c/o Corporation Service Company 2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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

statement of ch	provisions of sections 607.0302 ange is submitted for a corporat er to change its registered office	ion organized under the i	laws of the S	tate of Kentu	cky.	-
	the corporation: ASBURY COL	- - ,	om, m me b	iare of Prortia.		
		ve, Wilmore, KY 40390				
3. The mailing a	address (if different):					
4. Date of incor	poration/qualification: 04/15/20	03 Documen	t number: _	- -03000001897	,	
	d street address of the current reg rtment of State: (If resigned, ento		red office or	n file with the		
	Lexis Nexis Document Solutio	ns, Inc.				
	1201 Hays Street					
	Tallahassee	FL	32301		28	7
6. The name and (if changed):	I street address of the new regist	ered agent (if changed) a	nd /or regist	ered office	IS AUG I	ISION OF
	Corporation Service Company				0	480 400 100 100 100 100 100 100 100 100 10
	1201 Hays Street				AH 9:	<u> </u>
	Tallahassee	Box NOT acceptable	32301		19	
The street addre	ess of its registered office and the be identical.	e street address of the bi	usiness offic	ce of its registe	red age	nt,
/ Market 1	s authorized by resolution duly the board, or the corporation has		directors or of the change D	by an officer s	o K usure	- 6
I hereby accept I further agree t performance of agent. Or, if thi hereby confirm i	the appointment as registered a comply with the provisions of my duties, and I am familiar wis document is being filed merel that the corporation has been not Service Company					-'
By: Sign	ature of Registered Agent		-/ 5 L	16		
If signing on bel	- ,					
Sylvia Queppet,	Asst. Vice President					
Ту	ped or Printed Name	_				

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

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