Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I20000000195 Phone : (850)521-1000

Fax Number : (850)558-1515

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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SECRETARY OF STATE

ALLAHASSEE, FLORIDA

## REGISTERED AGENT CHANGE SYLVAN LEARNING, INC.

Certificate of Status	0
Certified Copy	0
Page Count .	02
Estimated Charge	\$35.00

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Corporate Filing Menu

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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 Delaware in order to change its registered office or registered agent, or both, in the State of Florida.	
. The name of the corporation: SYLVAN LEARNING, INC.	
2. The principal office address: 1001 Fleet Street	
Baltimore, MD 21202	
3. The mailing address (if different):	
I. Date of incorporation/qualification: October 20, 2003 Document number: F03000005299	
5. The name and street address of the current registered agent and registered office on file with the FS Florida Department of State:	_
CT Corporation System	Ē
1200 South Pine Island Road	2 (
Plantation, FL 33324	<b>&gt;</b>
5. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	<del>-,</del>
Corporation Service Company	
1201 Hays Street	
(P.O. Box NOT accoptable)	
Tallahassee, FL 32301	
The street address of its registered office and the street address of the business office of its registered agents changed will be identical.	t,
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.	
Blanca Lozada, Attorney in Fact	
(Signature of an officer deducator)  hereby accept the appointment as registered agent and agree to act in this capacity, further agree to comply with the provisions of all statutes relative to the proper and complete performancy my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if the locument is being filed merely to reflect a change in the registered office address, I hereby confirm that the orporation has been notified in writing of this change.	ce is e
Corporation Service Company  By: All All Ellings August 31, 2010	
(Signature of Registered Agent) (Date)	
f signing on behalf of an entity:	
Grace E Kirby, Assistant Vice President	
(Typed or Primed Name)  * * * FIT INC REE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)