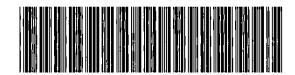
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ACCOUNT NO. : 07210000032 REFERENCE : 635142 7657554 AUTHORIZATION _ COST LIMIT ORDER DATE: July 2, 2008 ORDER TIME : 9:48 AM ORDER NO. : 635142-170 CUSTOMER NO: 7657554 CHANGE OF AGENT INSTITUTE FOR PROFESSIONAL NAME: DEVELOPMENT PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: _ CERTIFIED COPY XX PLAIN STAMPED COPY CONTACT PERSON: Doreen Wallace

EXAMINER'S INITIALS:

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

statement of cha	ange is submitted for a corporation of	7.0502, 607.1508, or 617.1508, Florida St organized under the laws of the State of $\frac{ extbf{C}}{ ext{registered}}$ agent, or both, in the State of Flo	California
1. The name of	the corporation: INSTITUTE F	FOR PROFESSIONAL DEVEL	OPMENT, INC.
	office address:st Elwood Street, AA-B306,		
3. The mailing a	address (if different):	······································	····
4. Date of incorp	poration/qualification: 03/31/200	04	0001924
	d street address of the current registertment of State:	ered agent and registered office on file with	n the
	C T Corporation System		
	1200 South Pine Island Ro	oad	
	Plantation, FL 33324		200 11
6. The name and (if changed):	d street address of the new registered	d agent (if changed) and /or registered offic	THE PH
	Corporation Service Com	pany	SSEET, SEE
	1201 Hays Street		N 3: 16
	(P.O. Box NOT acc	:eptable)	5
	Tallahassee, FL 32301		***
The street address changed will	ess of its registered office and the sl be identical.	street address of the business office of its	registered agent,
Such change was authorized by the	as authorized by resolution duly ache board, or the corporation has be	dopted by its board of directors or by an open notified in writing of the change.	officer so
1 / 1000	rure of an officer or director)	Maureen Cullen Attorney (Printed or typed name and tit	
I further agree of my duties, ar document is be corporation ha	t the appointment as registered ago to comply with the provisions of a nd I am familiar with and accept th ing filed merely to reflect a change is been notified in writing of this ch tion Service Company	ent and agree to act in this capacity. Il statutes relative to the proper and comp he obligation of my position as registered e in the registered office address, I hereby nange.	plete performance agent. Or, if this y confirm that the
BM/la	helle K. Vanno	July 29, 2008	
	ehalf of an entity:	(Date)	
	. Vannoy, Asst. V.P. Typed or Printed Name)		
·			

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