Florida Department of State
Division of Corporations

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (614)280-3338

Fax Number : (954)208-0845

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

Email	Address:	 >- ***	-

REGISTERED AGENT CHANGE GCA EDUCATION SERVICES, INC.

Certificate of Status	0
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Page Count	03
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DEPARTMENT OF STATE OF STAT

Electronic Filing Menu

Corporate Filing Menu

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S. TALLENT JAN 25 2017

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COVER LETTER

TO:	Amendment Section Division of Corporations			
SUBJ	GCA EDUCATION SERVICES, INC.			
	Name of Co	orporation		
DOC	JMENT NUMBER:			
The er	closed Statement of Change of Registered Office	Agent and fee are submitted for filing.		
Please	return all correspondence concerning this matter	to the following:		
	•	<u> </u>		
	Name of Cor	ntact Person		
Firm/Company				
	Timboo	шрицу		
	Address			
	City/State an	d Zip Code		
٠.	E-mail address: (to be used for f	uture annual report notification)		
For fu	rther information concerning this matter, please o	eall:		
	Name of Contact Person	_at () Area Code & Daytime Telephone Number		
Enclos	sed is a \$35.00 check made payable to the Depart	ment of State.		
	Mailing Address: Amendment Section Division of Compositions	Street Address: Amendment Section Division of Comparations		
	Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building		
	Tallahassec, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301		

CR2E045 (03/12)

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

	atement of change i	submitted for a corpor	ation organized und	i08, or 617.1508, Florida i er the laws of the State of _ 11, or both, in the State of l	Tonnessee		
1		rporation: GCA EDUCA		•	vortaa.		
	The principal office						
3.	The mailing address	s (if different): no chang	<u> </u>				
4.	. Date of incorporati	on/qualification: 8/20/2	004 Do	cument number: F040000	04786		
5.		t address of the current of State: (If resigned, o		registered office on file w	ith the		
	CT	Corporation System			圣 绕	17	
	1200	South Pine Island Road				JAN	
	Plan	ation, Florida 33324				22	
6.	The name and stree (if changed):	t address of the new re	istered agent (if char	nged) and /or registered of	fice FOIA	AH 9:	
	NR A	I Services, Inc.			₽rri •	17	
	1200	South Pine Island Road					
			P.O Box NOT acceptable				
	Plan	ation, Florida 33324					
				of the business office of it		gent,	
St au	uch change was aut uthorized by the boo	norized by resolution d rd, or the corporation	lly adopted by its bo as been notified in v	pard of directors or by an writing of the change.	officer so		
	Melecu	Relar	Melissa	Nofan, Vice President			
a_k	hereby accept the a further agree to coi erformance of my d gent. Or, if this doc ereby confirm that t	ument is heing filed me he corporation has bee	rely to reflect a cha	Printed or typed name and till o act in this capacity, ive to the proper and com obligation of my position nge in the registered offic of this change,	plete i as registered	d	
В	NRAY Service	JAM AH	red Younai	17			
	Signature	Accid				<u> </u>	
lf	signing on behalf of	f an entity: ASSISI	ant Secret	агу			
	Typed or	Printed Name					
		***F	LING FEE: \$35.0	0 * * *			

Make Checks Payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (03/12)