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CTCORPORATIONSYSTEM

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Division of Corporations

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Division of Corporations Public Access System

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Division of Corporations

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: (850)205-0380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5926

## REGISTERED AGENT CHANGE

## SOUTHWEST STUDENT SERVICES CORPORATION

0
0
02
\$35.00

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Corporate Filing

Rublis Accordible

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4/28/2005

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

Pursuant to the provisions of sections 607.0502, 617.0502, statement of change is submitted for a corporation organization	ted under the laws of the State of
in order to change its registered office or register	•
1. The name of the corporation: Southwest Student Service	
2. The principal office address: 1555 North Fiests Blvd, G	Bilbert, AZ 85233
3. The mailing address (if different): N/A	
4. Date of incorporation/qualification: 8/30/04	Document number: F04000005106
<ol> <li>The name and street address of the current registered age Florida Department of State:</li> </ol>	
MORRIS, JUDITH	ARE AR
11140 S.W. 88TH STREET, SUITE 200	
6. The name and street address of the new registered agent (if changed):	(if changed) and for registered office
CT Corporation System	
1200 South Pine Island Road	
(P.O. Box NOT acceptable)	
Pfantation, FL 33324	
The street address of its registered office and the street ac as changed will be identical.	idress of the business office of its registered agent,
Such change was authorized by resolution duly adopted to authorized by the board, or the corporation has been notifi-	by its board of directors or by an officer so fied in writing of the change.
Mary of 2	Mary F. Eure/Secretary
(Sequence of sweather of another)  I hereby accept the appointment as registered agant and if further agree to comply with the provisions of all status of my duties, and I am familiar with and accept the obligation of the country is being filed merely to reflect a change in the corporation has been notified in writing of this change.	(Primed or typed mano and tide) agree to act in this capacity, es relative to the proper and complete performance ation of my position as registered agent. Or, if this registered office address, I hereby confirm that the
Pholon,	4/28/05
(Signature of Registered Agent)	(Onto)
If signing on behalf of an entity: Judith 8. Argao	
Asst. Secretary & V. Preside (Typed of Printed Name)	r.;

\* \* \* FILING FEE: 535.00 \* \* \*