

(Re	questor's Name)		
(Ad	dress)		
•	,		
(Ad	dress)		
(Cit	y/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
<del></del>	_		
(Bu	siness Entity Nar	ne)	
(Document Number)			
,	·		
Cadificat Causian	0 45		
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
	g emeen		

Office Use Only



600248539176

06/13/13--01021--003 \*\*35.00

FILED

13 JUN 13 PH 4: 06

SEGRETARY OF STATES
SEGRETARY OF STATES

SEGRETARY OF STATES

SEGRETARY OF STATES

SEGRETARY OF STATES

SEGRETARY OF STATES

SEGRETARY OF STATES

SEGRETARY OF STATES

SEGRETARY OF STATES

SEGRETARY OF STATES

SEGRETARY OF STATES

SEGRETARY OF STATES

SEGRETARY OF STATES

SEGRETARY OF STATES

SEGRETARY OF STATES

SEGRETARY OF STATES

SEGRETARY OF STATES

SEGRETARY OF STATES

SEGRETARY OF STATES

SEGRETARY OF STATES

SEGRETARY OF STATES

SEGRETARY OF STATES

SEGRETARY OF STATES

SEGRETARY OF STATES

SEGRETARY OF STATES

SEGRETARY OF STATES

SEGRETARY OF STATES

SEGRETARY OF STATES

SEGRETARY OF STATES

SEGRETARY OF STATES

SEGRETARY OF STATES

SEGRETARY OF STATES

SEGRETARY OF STATES

SEGRETARY OF STATES

SEGRETARY OF STATES

SEGRETARY OF STATES

SEGRETARY OF STATES

SEGRETARY OF STATES

SEGRETARY OF STATES

SEGRETARY OF STATES

SEGRETARY OF STATES

SEGRETARY OF STATES

SEGRETARY OF STATES

SEGRETARY OF STATES

SEGRETARY OF STATES

SEGRETARY OF STATES

SEGRETARY OF STATES

SEGRETARY OF STATES

SEGRETARY OF STATES

SEGRETARY OF STATES

SEGRETARY OF STATES

SEGRETARY OF STATES

SEGRETARY OF STATES

SEGRETARY OF STATES

SEGRETARY OF STATES

SEGRETARY OF STATES

SEGRETARY OF STATES

SEGRETARY OF STATES

SEGRETARY OF STATES

SEGRETARY OF STATES

SEGRETARY OF STATES

SEGRETARY OF STATES

SEGRETARY OF STATES

SEGRETARY OF STATES

SEGRETARY OF STATES

SEGRETARY OF STATES

SEGRETARY OF STATES

SEGRETARY OF STATES

SEGRETARY OF STATES

SEGRETARY OF STATES

SEGRETARY OF STATES

SEGRETARY OF STATES

SEGRETARY OF STATES

SEGRETARY OF STATES

SEGRETARY OF STATES

SEGRETARY OF STATES

SEGRETARY OF STATES

SEGRETARY OF STATES

SEGRETARY OF STATES

SEGRETARY OF STATES

SEGRETARY OF STATES

SEGRETARY OF STATES

SEGRETARY OF STATES

SEGRETARY OF STATES

SEGRETARY OF STATES

SEGRETARY OF STATES

SEGRETARY OF STATES

SEGRETARY OF STATES

SEGRETARY OF STATES

SEGRETARY OF STATES

SEGRETARY OF STATES

SEGRETARY OF STATES

SEGRETARY OF STATES

SEGRETARY OF STATES

SEGRETARY OF STATES

SEGRETARY OF STATES

SEGR

JUN 14 2013
R. WHITE



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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Vera M. Norris

Date: June 11, 2013

Order#: 681078-255

Re: SOUTHWEST STUDENT SERVICES CORPORATION

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

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: Vera M. Norris 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 cha	nge is submitted for a corporation o	7.0502, 607.1508, or 617.1508, Florida organized under the laws of the State of egistered agent, or both, in the State of	Delaware	
1. The name of	he corporation: SOUTHWEST STU	DENT SERVICES CORPORATION		
	office address: 2001 Edmund Halle			
3. The mailing a	ddress (if different):			
4. Date of incorp	poration/qualification: 08/30/2004	Document number: F04000	005106	
	street address of the current registe tment of State: (If resigned, enter resigned)	red agent and registered office on file v signed)	vith the	
	C T Corporation System			
	1200 South Pine Island Road			
	Plantation, FL 33324		_	
6. The name and (if changed):	I street address of the new registered	l agent (if changed) and /or registered o	more 13	
	Corporation Service Company		ASSSA T.	
	1201 Hays Street			
	P.O. Box Tallahassee, FL 32301	NOT acceptable	1000 141 141 141 141	
	ess of its registered office and the st be identical.	reet address of the business office.of i		
Such change wa authorized by th	as authorized by resolution duly add ne board, or the corporation has bee	opted by its board of directors or by an notified in writing of the change.	officer so	
	Leb leves	Deb Reeves, Vice President	<u> </u>	
I hereby accept I further agree performance of agent. Or, if th hereby confirm	te of an officer or director  the appointment as registered ager to comply with the provisions of all my duties, and I am familiar with a is document is being filed merely to that the corporation has been notif in Service Company	Printed or typed name and to at and agree to act in this capacity. It statutes relative to the proper and con and accept the obligation of my position or reflect a change in the registered officed in writing of this change.	mplete nn as registered	
	せんかり、 nature of Registered Agent	June 6, 2013		
Sig	nature of Règistered Agent	Date		
If signing on be	half of an entity:			
Grace E. Kirby,				
3 '	yped or Printed Name			

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