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(Re	equestor's Name)				
(Ad	dress)				
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(Cit	ty/State/Zip/Phone	e #)			
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CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ellen Rosaio ellen.rosaio@cscglobal.com

Date: May 7, 2015

Order#: 606170-020

Re: LEARNING-FOCUSED SOLUTIONS, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

 \overline{XX} Check in the amount of \$35.

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: Ellen Rosaio 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

1

statement of cha	provisions of sections 607.0502, 617 inge is submitted for a corporation o r to change its registered office or re	rganized under the la	ws of the State of $\underline{ extstyle h}$	North Caro		
1. The name of	he corporation: LEARNING-FOCUS	SED SOLUTIONS, IN	C.			
2. The principal	office address: 132 LAUREL CHAS	E DRIVE, BLOWING	ROCK, NC 28605			
3. The mailing a	ddress (if different): P.O. BOX 2112	2, BOONE, NC 28607				
4. Date of incorporation/qualification: 12/03/2004 Document number: F040000				06840		
	I street address of the current registe tment of State: (If resigned, enter re-		ed office on file wi	th the		
	C T Corporation System					
	1200 South Pine Island Road	•				Ā
	Plantation	FL	33324		5 MA	L L A
6. The name and (if changed):	I street address of the new registered	agent (if changed) an	nd /or registered off	īce	5 KAY II PH	HASSEE.
	Corporation Service Company				ယ္	E 51
	1201 Hays Street			(သူ	ATE
		NOT acceptable	00004			-
	Tallahassee	FL	32301			
The street addreas changed will	ess of its registered office and the st be identical.	reet address of the bu	isiness office of its	registered	d age	nt,
Such change was authorized by the	as authorized by resolution duly add ne board, or the corporation has bee	opted by its board of on notified in writing of	directors or by an o of the change.	officer so		
0	26	Dona Priebe		Vice Pre	sider	nt
_	re of an officer or director		ed or typed name and title	e	_	•
I further agree performance of agent. Or, if th hereby confirm	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 on Service Company	statutes relative to the and accept the obligation reflect a change in t	he proper and com tion of my position he registered offic	as registe	red I	
By: Drace		05/07/2015				_
Sig	nature of Registered Agent		Date			
If signing on be	half of an entity:					
	Assistant Vice President					
Т	yped or Printed Name					

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

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