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Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

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REGISTERED AGENT CHANGE TOURO COLLEGE, INC.

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Corporate Filing Menu

Help

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of NY in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: TOURO COLLEGE, INC. 2. The principal office address: 9200 SOUTH DADELAND BLVD. SUITE 508 MIAMI, FL 33156
2. The principal office dudies.
3: The mailing address (if different): 500 7th AVENUE 5th FLOOR ATTN: STUART J LIPPMAN NEW YORK, NY
4. Date of incorporation/qualification: 05/10/2005 Document number: F05000002776
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
UNITED CORPORATE SERVICES, INC.
9200 SOUTH DADELAND BLVD., SUITE 508 MIAMI, FL 33 L56 TALLE LA
6. The name and street address of the new registered agent (if changed) and /or registered of the control of th
C T Corporation System
c/o C T Corporation System, 1200 South Pine Island Road
P.O. Box NOT acceptable Plantation, Florida 33324
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
PICHTEE PERMEN, SECRETORY Printed or typed name and type
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and kan familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address. I hereby confirm that the confirmation has been notified in writing of this change. C.T. Corporation System
By: 9/26/2018 Signature of Registered Agent Date
If signing on behalf of an entity: Assistant Secretary Typed or Printed Name
* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAB. 10: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (03/12)