

## Florida Department of State

**Division of Corporations** Public Access System

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To:

Division of Corporations

: (850)617-6380

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number: 12000000195 : (850)521-1000 : (850)558-1575 Fax Number

## REGISTERED AGENT CHANGE

CONSUMER EDUCATION SERVICES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

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

statement of change is submitted for a corporation	organized under the laws of the State of North Carolina registered agent, or both, in the State of Florida.
1. The name of the corporation: CONSUMER	EDUCATION SERVICES, INC.
2. The principal office address: 3801 Lake Bo	one Trail, Suite 400, Raleigh, NC 27606
3. The mailing address (if different):	
4. Date of incorporation/qualification: 07/18/20	05
5. The name and street address of the current register Florida Department of State:	ered agent and registered office on file with the
C T Corporation System	
1200 South Pine Island ro	ad
Plantation, FL 33324	
6. The name and street address of the new registere (if changed):	d agent (if changed) and /or registered office
Corporation Service Com	pany AR C
1201 Hays Street	ASS T
(P.O. Box NOT acc	exptable)
Tallahassee, FL 32301	
The street address of its registered office and the as changed will be identical.	street address of the business office of its regimered agent,
Such change was authorized by resolution duly a authorized by the board, or the corporation has be	dopted by its board of directors or by an officer so cen notified in writing of the change.
Macual Cull (Signature of an officer or director)	Maureen Cullen, Attorney In Fact (Printed or typed name and liftle)
I hefeby accept the appointment as registered ag. I further agree to comply with the provisions of a of my duties, and I am familiar with and accept the document is being filed merely to reflect a change corporation has been notified in writing of this clean to the Corporation Service Company	ent and agree to act in this capacity. Il statutes relative to the proper and complete performance he obligation of my position as registered agent. Or, if this e in the registered office address, I hereby confirm that the hange.
By: Sa (Lung)	10/6/2009
(Signature of Legistered Agent)	(Date)
If signing on behalf of an entity:	
Sylvia Queppet, Asst. VP  (Typed or Printed Name)	
(13/km of Little Little)	

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