Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274

Fax Number : (888)706-7274

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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REGISTERED AGENT CHANGE CONSUMER EDUCATION SERVICES, INC.

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COVER LETTER

TO: Amendment Section Division of Corporations

CONSUMER EDUCATION SERVICES, INC.

Name of Corporation

POCUMENT NUMBER: F05000004129

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Margot Mullin

Name of Contact Person

Registered Agent Solutions, Inc.

Firm/Company

1701 Directors Blvd., Suite 300

Address

Austin, TX 78744

City/State and Zip Code

orders@rasi.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Margot Mullin

_at (**O**C

705-7274

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

15129570210

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

Pursuant to the provisions of sections 607.0502, 61 statement of change is submitted for a corporation in order to change its registered office or	organized under the la	ws of the State of North C	
1. The name of the corporation: CONSUME	R EDUCATIO	N SERVICES, I	INC.
2. The principal office address: 3700 BARF	RETT DRIVE	RALEIGH, NO	2760
3. The mailing address (if different):			
4. Date of incorporation/qualification: 07/18/2	2005 Document	number: F0500000	4129
5. The name and street address of the current regist Florida Department of State: (If resigned, enter r	•	ed office on file with the	
CORPORATION SE	RVICE COM	PANY	
1201 HAYS STREE	T		6107
TALLAHASSEE, FL	32301-2525		2019 JUL 20
6. The name and street address of the new registere (if changed):	ed agent (if changed) an	d/or registered office	至
Registered Agent Se	olutions, Inc.		ب اج
155 Office Plaza Dr.			- ·
Tallahassee, FL 323	ox NOT acceptable		
The street address of its registered office and the as changed will be identical.	street address of the bu	siness office of its register	red agent,
Such change was authorized by resolution duly acount or the board, or the corporation has be	lopted by its board of cen notified in writing of	directors or by an officer so of the change.)
15/ Michael Crosson	Michael Cr	oxson President	
Signature of an officer or director I hereby accept the appointment as registered age I further agree to comply with the provisions of a performance of my duties, and I am familiar with agent. Or, if this document is being filed merely t hereby confirm that the corporation has been not	ent and agree to act in Il statutes relative to th and accept the obligat o reflect a change in th	e proper and complete ion of my position as regis he registered office addres:	tered s, I
Hadenzight	07/19/20	19	
Signature of Registered Agent		Date	
If signing on behalf of an entity:			
Mackenzie Hart Assistant Secretary Typed or Printed Name			
••	C FFF+ \$35 00 * * *		