

F060000005394

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

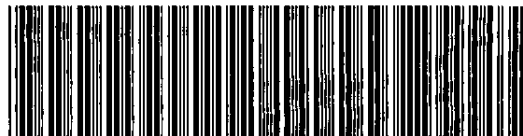
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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09/07/10--01006--029 **35.00

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2010 SEP -7 AM 11:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R.A.

TB

SEP 13 2010

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Scholars Group, Inc.
(Name of Corporation)

DOCUMENT NUMBER: F06000005394

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:

Victor Alfano
(Name of Contact Person)

NRAI Corporate Services, LLC
(Firm/Company)

16055 Space Center Blvd., Suite 235
(Address)

Houston, TX 77062
(City/State and Zip Code)

For further information concerning this matter, please call:

Victor Alfano at (800) 862-5438
(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



**NRAI
CORPORATE
SERVICES**
An NRAI Solutions Company

September 1, 2010

Division of Corporations
Florida Department of State
Clifton Building
P.O. Box 6327
Tallahassee, FL 32314

RE: Scholars Group, Inc.

Dear Filing Officer:

Please file the attached change of agent form for the referenced company. Enclosed please find a check for the requisite fees. Please return evidence of filing to my attention via regular mail.

If for any reason the enclosed cannot be filed upon receipt, please contact the undersigned immediately at (800) 862-5438. Thank you very much for your assistance.

Very truly yours,

Victor Alfano
Vice President

Encl.

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

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 Arkansas in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Scholars Group, Inc.
2. The principal office address: 110 Wild Basin Road, Suite 275, Austin, TX 78746
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 08/17/2006 Document number: F06000005394
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Michael Flowers

1650 Margaret Street, Suite 302-313

Jacksonville, FL 32204-3869

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

NRAI Services, Inc.

2731 Executive Park Drive, Suite 4

(P.O. Box NOT acceptable)

Weston, FL 33331

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.

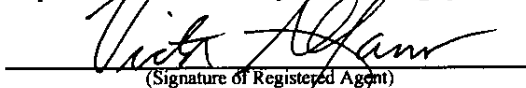


(Signature of an officer or director)

Michael Flowers, President

(Printed or typed name and title)

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 I am 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 corporation has been notified in writing of this change.



(Signature of Registered Agent)

9/1/2010

(Date)

If signing on behalf of an entity:

Victor Alfano, Vice President

(Typed or Printed Name)

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

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

CR2E045 (8/05)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA