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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307) 200 - 2803

Fax Number

: (855)330-1010

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

Address:	Email	PH 12: 14
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REGISTERED AGENT CHANGE PERTH LEADERSHIP INSTITUTE, INC.

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## 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 Delaware in order to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of the corporation: PERTH LEADERSHIP INSTITUTE, INC.	
2. The principal office address: 720 SW 2nd Ave Suite 104	
GAINESVILLE, FL 32601	
3. The mailing address (if different):	
4. Date of incorporation/qualification: 07/26/2007 Document number: F07000003765	
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)	
CORPORATION SERVICE COMPANY	
1201 HAYS STREET	ŝ
TALLAHASSEE, FL 32301-2525	= -
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	
(if changed):  Registered Agents Inc.	<u> </u>
3030 N. Rocky Point Dr. STE 150A	-
P.O. Box NOT acceptable	
Tampa FL 33607	
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, of the corporation has been notified in writing of the change.	
E. Ted (Edward) Prince  Frinted or typed pance 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.	
Bee Hame 6/28/18	
Signature of Registered Agent Date	
If signing on behalf of an entity:	
Bill Havre	
Typed 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 \* \* \*

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