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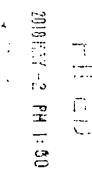
| (Re                                     | equestor's Name)   |                 |
|---|--------------------|-----------------|
| (Ac                                     | idress)            |                 |
| (Ac                                     | ddress)            | <del></del>     |
| (Ci                                     | ty/State/Zip/Phone | <del>e</del> #) |
| PICK-UP                                 | ☐ WAIT             | MAIL            |
| (Bi                                     | usiness Entity Nam | ne)             |
| (Document Number)                       |                    |                 |
| Certified Copies                        | Certificates       | of Status       |
| Special Instructions to Filing Officer: |                    |                 |
|   |                    |                 |
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Office Use Only



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MAY 0 4 2018

: ALBRITTON



CSC - WILMINGTON \*\*
251 Little Falls Drive
Wilmington De 19808

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800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Anthony Arthur anthony.arthur@cscglobal.com

Date: April 30, 2018

Order#: 183314-004

Re: NEW HORIZONS COMPUTER LEARNING CENTERS, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Anthony Arthur

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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

|   |   | , 617.0502, 607.1508, or 617.1508. Florida Statutes, this ion organized under the laws of the State of CA   |  |
|---|---|---|--|
| in orde   | er to change its registered office  | or registered agent, or both, in the State of Florida.  |  |
| 1. The name of                                    | the corporation: NEW HORIZON  | NS COMPUTER LEARNING CENTERS, INC.  |  |
|   | office address:<br>te College Blvd. Suite 450 Anah  | neim CA 92806   |  |
| 3. The mailing a                                  | address (if different):   |   |  |
| 4. Date of incor                                  | poration/qualification: 04/20/20  | Document number: F10000001877   |  |
|   | i street address of the current requirement of State: (If resigned, ento  | gistered agent and registered office on file with the er resigned)  |  |
|   | NRAI SERVICES, INC  |   |  |
|   | 1200 SOUTH PINE ISLAND ROAD   |   |  |
|   | Plantation  | FL 33324  |  |
| 6. The name and (if changed):                     | street address of the new regist  | ered agent (if changed) and /or registered office   |  |
|   | Corporation Service Company   |   |  |
|   | 1201 Hays Street  | 30<br>0   |  |
|   |   | ). Box NOT acceptable   |  |
|   | Tallahassee   | FL 32301  |  |
| The street addre<br>as changed will               | ess of its registered office and the identical.   | ne street address of the business office of its registered agent.   |  |
| Such change wa authorized by the                  | s authorized by resolution duly<br>le board, or the corporation has   | adopted by its board of directors or by an officer so been notified in writing of the change.   |  |
| ج سير   | Cignie  | Jill Cilmi, Vice President  |  |
|   | re of an officer or director  | Printed or typed name and title   |  |
| performance of agent. Or, if thi hereby confirm . | the appointment as registered a comply with the provisions of my duties, and I am familiar wis document is being filed merel that the corporation has been no Service Company | ngent and agree to act in this capacity.<br>I all statutes relative to the proper and complete<br>th and accept the obligation of my position as registered<br>by to reflect a change in the registered office address, I<br>otified in writing of this change. |  |
| By: Signature of Registered Agent                 |   | 04/30/2018  |  |
|   |   | Date  |  |
| If signing on bei                                 | nalt of an entity;  |   |  |
| Grace E. Kirby,                                   | Assistant Vice President  | _   |  |
| Ty  | ped or Printed Name   | _   |  |

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

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