(Requestor's Name)	
(Address)	
(Address)	
(vidicos)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Submission Entry Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer.	
Special instructions to Fining Officer.	ľ
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EMSICH OF COS LEATH MO TALL MINSSIE, FLOREING



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date:	06/17/2019	
	Joy Weaver	_
Reference	#:1086031	_
		S UNIVERSITY CORPORATION
☐ Arti	cles of Incorporation/Authorization	to Transact Business
☐ Am	endment	
✓ Cha	ange of Agent	
☐ Rei	nstatement	
☐ Cor	nversion	
□ Ме	rger	
☐ Dis	solution/Withdrawal	
☐ Fict	ritious Name	
Oth	er	
Authorized	d Amount: <b>\$35.00</b>	
Signature:	Julear	

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

	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statute ange is submitted for a corporation organized under the laws of the State of <code>UT</code>	s, this	
•	er to change its registered office or registered agent, or both, in the State of Florida	7,	-
1. The name of	the corporation: Western Governors University Corporation		
2. The principal	office address: 4001 South 700 East, Salt Lake City, UT 84107		
· · · · · · · · · · · · · · · · · ·	Suite 100		
3. The mailing a	address (if different):		
			<u> </u>
4. Date of incor	poration/qualification: 6/4/2010 Document number: F10000002	2567	
	d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)		
	NRAI Services, Inc.	S	20
	1200 South Pine Island Road	17.11 17.11 17.11	ال 16
	Plantation, FL 33324		2019 JUN 17
5. The name and street address of the new registered agent (if changed) and /or registered office (if changed):			至
	Cogency Global Inc.	근골	8: 45
	115 North Calhoun St., Suite 4	[**;	٥.
	P.O. Box NOT acceptable Tallahassee, FL 32301		
The street address changed will	ess of its registered office and the street address of the business office of its regis be identical.	tered age	ent,
Such change wo nuthorized by th	as authorized by resolution duly adopted by its board of directors or by an office board, pr the corporation has been notified in writing of the change.	r so	
-13	Bob Hunt, General Counsel		
	Printed or typed name and title		_
i nereny accept I further agree performance of agent. Or, if th hereby conf <b>irm</b>	the appointment as registered agent and agree to act in this capacity. To comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as re is document is heing filed merely to reflect a change in the registered office addition the corporation has been notified in writing of this change.	gistered ress, I	
	Will 4-17-19		
JUS:	nature of Registered Agent Oate		-
lf signing on bo	half of an entity:		
Sheryl A. G			
1	sped 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 (03/12)