F10000003703

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)	
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	





500263259495

10/17/14--01018--003 **35.00

FILE DA W 20

Ra Change



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Michael Rosenberg mrosenbe@cscinfo

Date: October 15, 2014

Order#: 335092-010

Re: COMPASSLEARNING, 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: Michael Rosenberg

c/o Corporation Service Company 2711 Centerville Road, Suite 400

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

statement of cha	provisions of sections 607.0502, 61 inge is submitted for a corporation r to change its registered office or .	organized under the la	aws of the State of	DE	
1. The name of t	the corporation: COMPASSLEARN	IING INC	· · · · · · · · · · · · · · · · · · ·		
	office address:ADO STREET, AUSTIN TX 78701	İ			
3. The mailing a	address (if different):				
4. Date of incorp	poration/qualification: 08/17/2010	Document	number: F10000	0003703	
	d street address of the current regist treet of State: (If resigned, enter r	-	red office on file v	with the	
	C T CORPORATION SYSTEM				
	1200 SOUTH PINE ISLAND ROA	AD		_	
	PLANTATION	FL	33324	_	
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registere Corporation Service Company		nd /or registered o	SECKET SECKET	:
	1201 Hays Street				٠ آ ـ آ
		ox NOT acceptable			o [] 34
	Taílahassee	FL	32301	· · · ·	T
The street addre	ess of its registered office and the sbe identical.	street address of the bu	usiness office of i	ts registered a	gent,
Such change was authorized by the	is authorized by resolution duly ad ne board, or the corporation has be	opted by its board of en notified in writing	directors or by an of the change.	officer so	
		Dona Priebe, \	/ice President		
dgnatu	an officer or director		ed or typed name and ti	ile	
I further agree to performance of agent. Or, if this hereby confirm	the appointment as registered age to comply with the provisions of almy duties, and I am familiar with is document is being filed merely to that the corporation has been noting Service Company	l statutes relative to the and accept the obligation oreflect a change in t	he proper and cor tion of my positio he registered offi	nplete n as registered ce address, I	d
By: X	nature of Registered Agent	10/14/2014	Date		
If signing on bel	half of an entity:		Date		
Grace E. Kirby,	Assistant Vice President				
T	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 * * *

CR2E045 (03/12)