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Email Address:

## REGISTERED AGENT CHANGE AMBASSADOR COLLEGE BOOKSTORES INC.

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C. MUSTAIN

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

Pursuant to the provisions of sections 607.0502, 617.050 statement of change is submitted for a corporation organ in order to change its registered office or registe	nized under the laws of the State of New York
1. The name of the corporation: AMBASSADOR CO	
2. The principal office address: 9200 S. Park Center Loop, Orlando, FL	32810-8606
3. The mailing address (if different):	
4. Date of incorporation/qualification: 02/14/2011	Document number: F11000000774
<ol><li>The name and street address of the current registered a Florida Department of State:</li></ol>	ngent and registered office on file with the
Steven Blicht	
9200 S. Park Center Loop	TO A CONTRACT OF THE PART OF T
Orlando, FL 32819-8606	
6. The name and street address of the new registered age (if changed):	
Corporation Service Company	<u>y</u>
1201 Hays Street	
(P.O. Box NOT acceptable	2)
Tallahassee, FL 32301	
The street address of its registered office and the street as changed will be identical.	t address of the business office of its registered agent,
Such change was authorized by resolution duly adopte authorized by the board, or the corporation has been n	ed by its board of directors or by an officer so otified in writing of the change.
Signature of an officer or director)	Maureen Cathell, Vice President (Printed or typed name and title)
I hereby accept the appointment as registered agent as I further agree to comply with the provisions of all states of my duties, and I am familiar with and accept the observation is being filed merely to reflect a change in a corporation has been notified in writing of this change Corporation Service Company	nd agree to act in this capacity. In this relative to the proper and complete performance litigation of my position as registered agent. Or, if this he registered office address, I hereby confirm that the e.
	April 30, 2012
(Signature of Registered Agent)	(Date)
If signing on behalf of an entity:	
Sylvia Queppet, Asst. VP	•
(Typed or Printed Name)	TFF- \$25 AA * * *
A M M M I I BANK , III,	M M * 36 400 100 1 0 0 0