Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NO	T hit the REFRESH/RELOAD button on yo so will generate another cover					
To:	Division of Corporations Fax Number : (850)617-6380					
From:	Account Name : C T CORPORATION SY Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845	STEM				
Lii i Samua	email address for this business entity to be used for future report mailings. Enter only one email address please.** Address:					
RECE FEB-8	REGISTERED AGENT CH CHARTER SCHOOL CAPIT	RAROCHS				
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COVER LETTER

TO:	Amendment Section Division of Corporations			
SUBJ	Charter School Capital, Inc.			
0000	Name of Corporation			
DOC	JMENT NUMBER:			
The er	sclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.			
Please	return all correspondence concerning this matter to the following:			
	Carolyn Courville			
	Name of Contact Person			
	Charter School Capital, Inc.			
Firm/Company				
	222 SW Columbia Street, Suite 1750			
	Address			
	Fortland, OR 97201			
	City/State and Zip Code			
	legal@charterschoolcapital.org			
	E-mail address: (to be used for future annual report notification)			
For fu	rther information concerning this matter, please call:			
	Name of Contact Person at (Area Code & Daytime Telephone Number			
Enclos	ed is a \$35.00 check made payable to the Department of State.			
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			

CR2E045 (03/12)

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

statement of cha	provisions of sections 607.0502, 617.050 ange is submitted for a corporation organ er to change its registered office or regista	ized under the laws of the State o	f DE				
1. The name of	the corporation: Charter School Capital, Inc),					
2. The principal office address: 222 SW Columbia Street. Suite 1750							
PORTLAND 3. The mailing a	address (if different):						
4. Date of incor	4. Date of incorporation/qualification: 01/20/2012 Document number: F12000000273						
	d street address of the current registered a rtment of State: (If resigned, enter resigne		with the				
NRAI SERVICES, INC							
1200 South Pine Island Road							
Plantation, FL 33324			701 TAS				
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):							
	C T Corporation System			П			
tomo to tenor to the to t							
	P.O Box NOT Plantation, Florida 33324	acceptable /	9. 01.				
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, or the corporation has been notified in writing of the change.							
Danise Boll		Denise Bell, Secretary Printed or typed name and	bile				
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 chities, 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.							
C T Corporation System By:		01/17/2017					
Signature of Registered Agent		Date					
If signing on behalf of an entity:							
Jennifer Quinn, Asst Secretary Typed 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)