5/21/2020

Division of Corporations

H20000151548 3

## Florida Department of State

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(((H20000151548 3)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

L.  $\ddot{\circ}$  Account Name : CORPORATION SERVICE COMPANY

Account Number : I20000000195 Phone : (850)521-0821 Fax Number : (850)558-1515

## DISSOLUTION OR WITHDRAWAL ACADEMIC EDUCATION CORP.

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## **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT:	(Name of Corporation)
DOCUMENT NUMBER:	
The enclosed withdrawal application and	d fee are submitted for filing.
Please return all correspondence concerning	ng this matter to the following:
	(Name of Person)
	(Firm/Company)
<del></del>	(Address)
(	(City/State and Zip code)
For further information concerning this ma	atter, please call:
	at ( )
(Name of Person)	at ()  (Area Code & Daytime Telephone Number)
Enclosed is a check for the amount:	
	& 🗆 \$43.75 Filing Fee & 🗆 \$52.50 Fiting Fee, s Certified Copy Certificate of Status & Certified
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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Academic Education Corp.

H20000151546 3

## APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

(Name of Corporation)

	F13000000710	5		
		(Document Number of Corporatio	n (il known)	_
	Delaware	Florida authorization to conduct business 2/	15/2013	
	(Incorp	orated Under Laws of and date authorized to trans	sact business/conduct its affnirs)	<del></del>
	•	longer transacting business or conducting its authority to transact business or conduc		ı and hereby
appoin	its the Departme	okes the authority of its registered agent is ent of State as its agent for service of proces to transact business or conduct affairs in F	ss based on a cause of action arisir	
The fo	ollowing is a cur	rent mailing address for the corporation:		
	1615 West Ch	ester Pike, Suite 200	≯o En	2628
	44,	(Mailing Address)	AH)	
	West Chester,	PA 19382-6223	AR.	72
		(City/ State /Zip)	# # COM   CO	AM 9: 3
The ex	orporation agree	is to partify the Department of State in the fi	iture of any change in its mailing	iddress.
		Deborale Listman	5/20/2020   2:5	1:00 AM MST
	(Signature of a dire	ctor, president or other officer - if in the hands of a court appointed fiduciary, by that fiduciary)	(Date)	
	Deborah Listma	n	Chief Financial Officer	
	(Typed or	ninted name of person signing)	(Title of person signing)	<del></del>

FILING FEE \$35