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Division of Corporations

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From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone

: (954)208-0845

Fax Number

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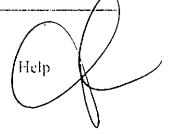
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## REGISTERED AGENT CHANGE IXL LEARNING, INC.

Certificate of Status	) ()
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Page Count	02
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Corporate Filing Menu



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

statement of cha	mge is submitted for a corporat	2, 617,0502, 607,1508, or 617,1508, Florida Sidion organized under the laws of the State of <u>De</u> t or registered agent, or both, in the State of Flo	elaware
	the corporation: IXL LEARNIN		.,,
	office address: 777 Mariners Isl		
3. The mailing a	ddress (if different):		
4. Date of incorp	ooration/qualification:06/23/20	Document number: F16000002	866
	I street address of the current re tment of State: (If resigned, ent	gistered agent and registered office on file with ter resigned)	the .
	Johnson, Steve		
	24 Huntsman Look		
	Ormond Beach, FL 32174		. 20
6. The name and (if changed):	I street address of the new regis	stered agent (if changed) and /or registered offic	2023 JUNIZ ANIO:
	C.T Corporation System		12 1578
	1200 South Pine Island Road		500 E
	Plantation, Florida 33324	P.O. Box NOT acceptable	0: 10
The street address changed will	ess of its registered office and the identical.	the street address of the business office of its	registered agent,
Such change wa authorized by th	is authorized by resolution duli the board, or the corporation ha	y adopted by its board of directors or by an of s been notified in writing of the change	tficer so
P	mul	Paul Mishkin, CEO	
I hereby accept I further agree i of my duties, an document is bei	e of an officer of discipi the appointment as registered to comply with the provisions of d I am familiar with and accep ng filed merely to reflect a cha- been notified in writing of the	Printed or typed theme and time agent and agree to act in this capacity, of all statutes relative to the proper and compot the obligation of my position as registered ange in the registered office address, I hereby s change.	lete performance
On	uci Bell	04/25/2023	
Sig	nature of Registered Agent	Date	
If signing on be	half of an entity:		
Denise Bell			
Ty	ped or Printed Name		

\* \* \* FILING FEE: \$35.00 \* \* \*

By: