Division of Corporations Electronic Filing Cover Sheet

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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Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_

REGISTERED AGENT CHANGE INTERACTIVE EDUCATION CONCEPTS, INC.

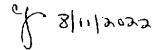
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COVER LETTER

TO: Amendment Section Division of Corporations					
SUBJECT: Interactive Educa	tion Concepts, Inc.				
DOCUMENT NUMBER: F1700000	01200				
The enclosed Statement of Change of Registered					
Please return all correspondence concerning this	matter to the following:				
Mary Castillo					
Name of Contact Person					
Registered Agent Solutions, Inc.					
Firm/Company					
Corporate Center One, 5301 Southwest Pkwy, Ste 40	<u>0</u>				
Address					
Austin, Texas 78735					
City/State and Zip Code					
E-mail address: (to be used for future annual	report notification)				
For further information concerning this matter, p	lease call:				
Mary Castillo	at (888) 705-7274 Area Code & Daytime Telephone Number				
Name of Contact Person	Area Code & Daytime Telephone Number				
Enclosed is a \$35.00 check made payable to the	Department of State.				
Mailing Address:	Street Address:				
Amendment Section	Amendment Section				
Division of Corporations	Division of Corporations				
P.O. Box 6327	The Centre of Tallahassee				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

Tallahassee, FL 32314

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

	provisions of sections 607.0502, 613 inge is submitted for a corporation o					
	r to change its registered office or r					
1. The name of t	the corporation: Interactive Edu	ucation	Concepts	, Inc.		
2. The principal	office address: 20950 WARNE	ER CEN	ITER LAN	IE SUITE A		
WOODLA	ND HILLS, CA 91367			 		
3. The mailing a	ddress (if different): 17328 VEN	NTURA				
4. Date of incorp	poration/qualification: 3/10/2017	7	_ Document r	number: <u>F17000</u>	0012	00
	I street address of the current registe trnent of State: (If resigned, enter re	•	and registere	d office on file wit	h the	
	CORPORATION SEI	RVICE	COMP	ANY		
	1201 HAYS STREET					202
	TALLAHASSEE		FL	32301	ı 	2022 7.15
6. The name and (if changed):	I street address of the new registered		-	d/or registered offi	ce	10 PH
	Registered Agent Solu	itions,	Inc.		:	2; ₂
	155 Office Plaza Dr.		Suite A			9
	Tallahassee	P.O. Box NO	r acceptable 3230°	1		
The street addre	ess of its registered office and the s			· ·	registe	ered agent,
Such change was	as authorized by resolution duly ad ne board, or the corporation has bee	opted by en notifie	its board of o	lirectors or by an of the change.	officer s	50
Is Gary Al	eksintses re of an officer or director	Ga	ry Aleksin	tser	CEO	
I hereby accept I further agree to of my duties, and document is bei	the appointment as registered age to comply with the provisions of alid I am familiar with and accept the ng filed merely to reflect a change to been notified in writing of this characterists.	l statutes e obligati in the rej	ree to act in relative to th on of my pos.	this capacity, e proper and comi ition as registered	plete pe agent.	erformance Or, if this m that the
Hoden	zielt	0	8/10/2022) -		
Sig	nature of Registered Agent	_		Date		
If signing on be	half of an entity:					
Mackenzie Hart,	Assistant Secretary					
r	yped or Printed Name					
	* * * FILIN	G FEE: S	535.00 * * *			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)