FISCOCCO 1153

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





000352192450

10/02/20--01021--006 **35.00

26 vé DCT (1 11170): 31

RARU ICha

NOV 13 2020 I ALBRITTON



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927**-**9800 302-636**-**5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Erika Zavala Daza erika.zavaladaza@cscglobal.com

Date: September 30, 2020

Order#: 430175-005

Re: JAIL EDUCATION SOLUTIONS, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

 \overline{XX} Check in the amount of \$35.

Please take the following action:

XX File in your office on a routine basis.

XX ___ Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Erika Zavala Daza c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

XX ___ Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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

statement of cha	nge is submitted for a corpor	02, 617.0502, 607.1508, or 617.1508, Florida Statutes, ration organized under the laws of the State of DE ce or registered agent, or both, in the State of Florida.	this
1. The name of t	he corporation: JAIL EDUCA	TION SOLUTIONS, INC.	
		UPERIOR, STE. 600, CHICAGO, IL 60654	
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 03/08/	2018 Document number: F18000001153	
	l street address of the current tment of State: (If resigned, e	registered agent and registered office on file with the enter resigned)	
	VCORP SERVICES, LLC		
	5011 SOUTH STATE RD 7	7 SUITE 106	
	DAVIE, FL 33314		26. JOCT
6. The name and (if changed):	l street address of the new reg	gistered agent (if changed) and /or registered office	25
	Corporation Service Comp	any	₹:
	1201 Hays Street		48:0:34
		P.O. Box NOT acceptable	7.1
	Tallahassee	FL 32301	
The street address changed will	ess of its registered office an be identical.	d the street address of the business office of its registe	ered agent,
Such change wa authorized by th	as authorized by resolution due board, or the corporation	luly adopted by its board of directors or by an officer has been notified in writing of the change.	SO
\mathcal{L}) Xee & Comi	Jill Cilmi, Vice President	
I hereby accept I further agree of my duties, an document is bei corporation has	rd öf ån officer or director. The approintment as register.	Printed or typed name and title ed agent and agree to act in this capacity. is of all statutes relative to the proper and complete per cept the obligation of my position as registered agent. Thange in the registered office address, I hereby confi	erformance Or, if this rm that the
•		09/30/2020	
Sig	nature of Registered Agent	Date	
If signing on be	half of an entity:		
	Asst. Vice President		
Т	yped 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 (04/13)