

F22 000003044

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

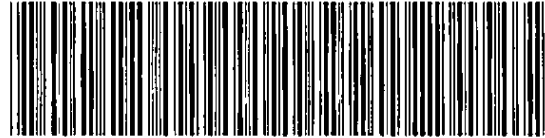
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400398929774

2022 DEC 14 PM 3:45

2022 DEC 14 AM 9:26

FILED

CLERK OF

A. BUTLER

DEC 15 2022

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 245631 7363367

AUTHORIZATION :

*[Signature]*

COST LIMIT : \$ 35.00

ORDER DATE : December 14, 2022

ORDER TIME : 1:36 PM

ORDER NO. : 245631-025

CUSTOMER NO: 7363367

CHANGE OF AGENT

NAME: CAMPUSEAI, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker

EXAMINER'S INITIALS: \_\_\_\_\_

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** CampusEAI, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** F22000003044

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jamaal Coleman

Name of Contact Person

OlenderFeldman, LLP

Firm/Company

422 Morris Ave

Address

Summit, NJ 07901

City/State and Zip Code

jcoleman@olenderfeldman.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jamaal Coleman

Name of Contact Person

at ( 908 )

964-2446

Area Code & Daytime Telephone Number

Enclosed 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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Ohio in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: CampusEAI, Inc.
2. The principal office address: 936 SW 1st Ave, Suite 413, Miami, FL 33130
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: May 16, 2022 Document number: F22000003044
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Corporation Service Company

1201 Hays Street

Tallahassee, FL 32301

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Arun Chopra

936 SW 1st Ave, Suite 413

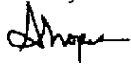
P.O. Box NOT acceptable

Miami, FL 33130

32301

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.



Signature of an officer or director

Anjali Chopra, CEO

Printed or typed name and title

*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 duties, 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.*

Corporation Service Company

By: 

Signature of Registered Agent

12/13/2022

Date

If signing on behalf of an entity:

Arun Chopra

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE