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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
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From: Account Name : COMPUTERSHARE
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)214-8442

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

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2023 AUG 18 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FL

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2023 AUG 18 AM 11:31

**REGISTERED AGENT CHANGE
SCHOLARSHIP AMERICA, INC.**

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
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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 Illinois in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: SCHOLARSHIP AMERICA, INC.

2. The principal office address: 7900 International Dr, Ste 500, Minneapolis, MN 55425

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 08/02/1996 Document number: F96000003986

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)

CAROL LUTGEN
904 WALKER LOOP
LADY LAKE, FL 32162

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

Corporate Creations Network Inc.
801 US Highway 1
North Palm Beach, FL 33408

P.O. Box NOT acceptable

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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.

Tasha Edwards
Signature of an officer or director

Tasha Edwards, Attorney-in-Fact
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.

Tasha Edwards
Signature of Registered Agent

08/18/2023
Date

If signing on behalf of an entity:

Tasha Edwards, Special Secretary
Typed 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)