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Division of Corporations

: (850)617-6380

From:

Account Name : COMPUTERSHARE Account Number: 110432003053 Phone : (561)694-8107 : (561)214-8442

Fax Number

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

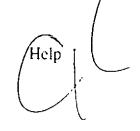
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## REGISTERED AGENT CHANGE SCHOLARSHIP AMERICA, INC.

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15612148442

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

statement of cha	inge is submitted for a cor	7.0502, 617.0502, 607.1508, or 617.1508, Flo rporation organized under the laws of the Sta office or registered agent, or both, in the Sta	te of Illinois
	the corporation: SCHOLA		
2. The principal	office address:		
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification:	3/02/1996 Document number: F96	5000003986
	d street address of the curr rtment of State: (If resigne	rent registered agent and registered office on fed, enter resigned)	file with the
	CAROL LUTGEN		
	904 WALKER LOOP		
	LADY LAKE, FL 32162		
6. The name and (if changed):	i street address of the new	registered agent (if changed) and /or register	2023 AUG 18
	Corporate Creations Netw	ork Inc.	A 5
	801 US Highway I		
	North Palm Beach, FL 334	P.O. Box NOT acceptable 408	OF STATE
The street address changed will	ess of its registered office be identical.	and the street address of the business office	e of its registered agent,
Such change wa authorized by the	as authorized by resolutione board, or the corporation	on duly adopted by its board of directors or long has been notified in writing of the chang	oy an officer so e.
	a Cdwards	Tasha Edwards, Attorney-in-	
I furthèr agrèe of my duties, an document is bei	to comply with the provis Id I am familiar with and	tered agent and agree to act in this capacity ions of all statutes relative to the proper an accept the obligation of my position as regi a change in the registered office address, I of this change.	d complete performance istered agent. Or, if this
Task	a Edwards nature of Registered Agent	08/18/2023	
Sig	nature of Registered Agent	Date	
If signing on be	half of an entity:		
	Special Secretary		
г	yped or Printed Name	+ PH 18/2 PPP, 638 00 + + +	
		* 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)