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SECRE INC.

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ALLAHASSEE, FLOR

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee FL 32301

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE : 821567 8260965 AUTHORIZATION : COST LIMIT ORDER DATE: June 19, 2023 ORDER TIME : 1:26 PM ORDER NO. : 821567-062 CUSTOMER NO: 8260965 CHANGE OF AGENT NAME: ALLTRAN EDUCATION, INC. PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: \_\_ CERTIFIED COPY XX PLAIN STAMPED COPY CONTACT PERSON: Alexxis Weiland-sorenson

EXAMINER'S INITIALS:

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

statement of cha	provisions of sections 607.0502, 617.0, mge is submitted for a corporation orgo r to change its registered office or regi	anized under the laws of the State of	IL.
1. The name of t	the corporation: ALLTRAN EDUCATIO	N, INC.	
2. The principal	office address: 6506 S Lewis Ave Suite	e 260 Tulsa, OK 74136	
3. The mailing a	iddress (if different): 3850 N. Causewa	y Blvd, Suite 200 Metairie, LA 7000	2
	poration/qualification: 06/19/1997		
	I street address of the current registered tment of State: (If resigned, enter resig	2 2	ith the
	C T CORPORATION SYSTEM		
	_		
	PLANTATION	FL 33324	
6. The name and (if changed):	I street address of the new registered ag	gent (if changed) and /or registered of	ZOZ3 JUL -7 SECNCIAS: TALLAHASSI
	Corporation Service Company		
	1201 Hays Street	Box NOT acceptable	- <u>=</u> i
	Tallahassee	FL 32301	<u>ن</u> -
The street addre	ess of its registered office and the stree be identical.	et address of the business office of it	is registered agent.
Such change wa authorized by th	as authorized by resolution duly adopt ne board, or the corporation has been i	ed by its board of directors or by an notified in writing of the change.	officer so
Xie	( , -35,-3	JILL CILMI, VICE PRESIDENT	
. ignatur	re of an officer or director	Printed or typed name and to	ile
l further agree t of my duties, an document is bei corporation has	the appointment as registered agent of comply with the provisions of all stood I am familiar with and accept the of a filed merely to reflect a change in a been notified in writing of this change in Service Company	atutes relative to the proper and con bligation of my position as registere the registered office address, I herei	aplete performance d agent. Or, if this by confirm that the
By: Dr	sco 7 xuble	06/29/2023	
Sigi	nature of Registered Agent	Date	
If signing on be	half of an entity:		
GRACE E. KIRE	BY, ASST. VICE PRESIDENT		
Ty	yped or Printed Name		

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