

F97000005735

(Requestor's Name)

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AUG 31 2012



CORPORATION SERVICE COMPANY'

ACCOUNT NO. : I20000000195

REFERENCE : 248627 7889041

AUTHORIZATION :

COST LIMIT :

\$35.00

ORDER DATE : June 20, 2012

ORDER TIME : 11:05 AM

ORDER NO. : 248627-011

CUSTOMER NO: 7889041

CHANGE OF AGENT

NAME: SULLIVAN & COGLIANO TRAINING
CENTERS, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Stephanie Milnes

EXAMINER'S INITIALS: _____

**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 Massachusetts in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: SULLIVAN AND COGLIANO TRAINING CENTERS, INC.
2. The principal office address: 7740 North Kendall Dr.
Miami, FL 33156-7564
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 10/30/1997 Document number: F97000005735

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Rodriguez, Nancy

7740 North Kendall Dr.

Miami, FL 33156-7564

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

Corporation Service Company

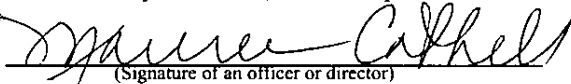
1201 Hays Street

(P.O. Box NOT acceptable)

Tallahassee, FL 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)

Maurcen Cathell, Vice President

(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)

8/30/2012

(Date)

If signing on behalf of an entity:

Sylvia Queppet, Assistant Vice President

(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 (8/05)

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