

F99000006225

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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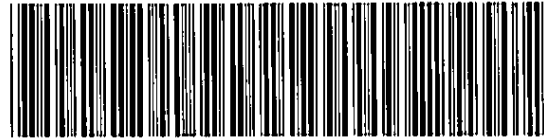
(Business Entity Name)

(Document Number)

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DATE: 12/30/20

NAME: ADTALEM GLOBAL HEALTH INC.

TYPE OF FILING: STATEMENT OF CHANGE

COST: 35.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

Abbie Hodge

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

1. The name of the corporation: Adtalem Global Health Inc.
2. The principal office address: 500 W. Monroe Street, 28th Floor, Chicago, IL 60661

3. The mailing address (if different): _____
4. Date of incorporation/qualification: 12/02/1999 Document number: F99000006225

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)

CT Corporation System
1200 South Pine Island Road
Plantation, FL 33324

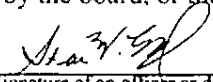
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Florida Filing & Search Services Inc.
155 Office Plaza Dr., Suite A
P.O. Box NOT acceptable
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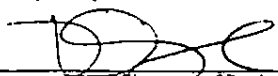
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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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.

 Stephen W. Beard, Secretary and Director
Signature of an officer or director 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.

 12/30/20
Signature of Registered Agent Date

If signing on behalf of an entity:

Deanne Hodge
Typed or Printed Name

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