Division of Corporations 500013 Page of Lagrangian Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5368

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

Email Address:

LLC REGISTERED AGENT CHANGE NELNET GUARANTOR SOLUTIONS, LLC

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Nar	ne of the limited liability company: NELNET Guaran	tor Solutions, LLC		
2. (a)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	7: 121 S. 13th Street, Suite 201, Linco	oln NE 68	8508
(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
11/1/19	96	L05000123684	10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	20
	e of filing/registration in Florida	4. Document number	当会	5
5. (a)	Registered Agent and Registered Office shown on	the records of the Florida Dept.	of Stat	e:
()	Registered Agent:	Corporation Service Company	. 1955 1957 1957	2 —
	Registered Office Address:	1201 Hays Street Tallahassee FL 32301		
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office address:		
	NEW Registered Agent:	CT Corporation System	<u> </u>	
	NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1200 South Pine Island Road		
		Plantation	,FL <u>333</u>	24
confirmand the liability the method the op-	imited liability company is not organized under the med that after the change or changes are made, the Fe business office of the registered agent will be idently company, it is hereby confirmed that the change(simbers of the limited liability company or as otherwise agreement of the limited liability company.	lorida street address of the regi tical. Or, in the case of a Florid) was/were authorized by an aff	stered d la limite irmativ	ffice d c vote of
Nichol Printed	McCroy or typed name of signee	_		
I here comply and I comply address By:	by accept the appointment as registered agent and a with the provisions of all statutes relative to the provisions of all statutes relative to the provisions of my point familiar with and accept the obligations of my point of the following state of the configuration of the limited liability company of the configuration of the limited liability company of the configuration of the limited liability company of the limited liability	isition as registered agent as pietely reflect a change in the reg y has been notified in writing of pin ary 27, Tallahassee, FL 32314	urther de of movided istered f this ch	igree to duties, for in office lange.
	FILING FEE: S	45.00		

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