

L090000013658

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

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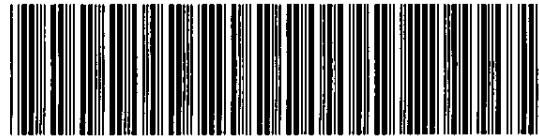
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JUN 16 2011

EXAMINER



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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 JUN 15 AM 8:23



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 813840 7261835

AUTHORIZATION :

COST LIMIT : \$ 25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 JUN 15 AM 8:23
Lynette

ORDER DATE : June 15, 2011

ORDER TIME : 3:07 PM

ORDER NO. : 813840-005

CUSTOMER NO: 7261835

CHANGE OF AGENT

NAME: SOUTHERN CAREER COLLEGE
HOLDINGS, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Jeanine Reynolds -- EXT# 2933

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Southern Career College Holdings, LLC
Name of Limited Liability Company

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 JUN 15 AM 8:23

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

William A. Klettke

Name of Person

Southern Career College Holdings, LLC

Firm/Company

9550 Regency Square Blvd., Suite 1100

Address

Jacksonville, FL 32225

City/State and Zip Code

wklettke@southerncareercollege.edu

E-mail address: (to be used for future annual report notification).

For further information concerning this matter, please call:

William A. Klettke

Name of Person

at (904)

724-2229

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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. Name of the limited liability company: Southern Career College Holdings, LLC

2. (a) Principal office address of limited liability company: 9550 Regency Square Blvd.

(Note: MUST BE STREET ADDRESS)

Jacksonville, Florida 32225

(b) Mailing address of limited liability company:

Same as above.

(Note: MAY BE POST OFFICE BOX)

02/10/2009

3. Date of filing/registration in Florida

L09000013658

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

Dennis D. Smith, Esq.

Registered Office Address:

c/o Tripp Scott, P.A.
110 S.E. 6th Street, 15th Floor
Fort Lauderdale, Florida 33301

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent:

William A. Klettke

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

9550 Regency Square Blvd.

Suite 1100

Jacksonville, FL 32225

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]
Signature of a member or authorized representative of a member

William A. Klettke, Chairman & CEO
Printed or typed name of signee

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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 JUN 15 AM 8:23