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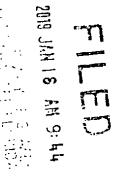
(R	equestor's Name)	
(A	ddress)	<u>-</u>
(Ad	ddress)	
. (C	ity/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(D	ocument Number)	<u></u>
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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: January 16, 2019

Order#: 581667/005

Re: PRIME EDUCATION, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25 .

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Ami Casper c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA



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

Pursuant to the provisions of sections 605.0114 or 605.0116. 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.	Na	me of the limited liability company: PRIME EDUCA	TION, LLC		
2.	(a)	8201 W. McNab Road	(b)		
	(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	("/_	N	failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		Tamarac, FL 33321			
		11/02/2016	1	_1600020	0752
3.		Date of filing/registration in Florida	4.		Document number
5.	(a)	Kathleen F. Moreo			
٠,٠	()	Registered Agent and Registered Office shown on the records of t	he Florida D	ept. of State:	
		8201 W. McNab Road			
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			
		Tamarac .FL	33321		
	(b)	Corporation Service Company			2019
	` ,	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> 1201 Hays Street	Office addre	<u>:88</u> :	0)
		NEW Registered Office Address:			
		Tallahassee FL	32301		
the ag	e cha ent w as/we	mited liability company is not organized under the law nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia- tre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the registe: bility com f the limite	red office pany, it is d liability	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
		tephen Hicks	Stephe	en Hicks, /	Authorized Person
•	Signat	ure of a member or authorized representative of a member	_		Printed or typed name of signee
I , pr the to no	heret ovisie obli mere tified	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete proper and complete proper of my position as registered agent as provided by reflect a change in the registered office address. I have the property of this change of this change.	ee to act in performand I for in Cha werehy conf	this capa ce of my d upter 605, irm that ti	city. I further agree to comply with the uties, and I am familiar with and accept F.S. Or, if this document is being filed be limited liability company has been
Si	gnatur	e of Registered Agent Corporation Service Company	BY: Ami	M. Casp	er, Asst. Vice President

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