M0300004355

(Requestor's Name)
(Address)
(Address)
(Addiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Walle)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

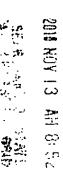
Office Use Only



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11/13/18 01000 028 \$ 25.00

11/18/18--01080--028 *+25.00



M. MILLIGAN DEC 18 2018

COVER LETTER

Division of Corporations	
_{suвјест:} Catapult Learning,	LLC
*****	Limited Liability Company
Dear Sir or Madam:	
The enclosed application, certificate and fee(s) ar	e submitted for filing.
Please return all correspondence concerning this	matter to the following:
Liza Wolf, Esquire	
Name of Person	
Catapult Learning, LLC	
Firm/Company	
2 Aquarium Drive, Suite 1	00
Address	
Camden, NJ 08103	
City/State and Zip Code	
liza.wolf@catapultlearning	g.com
E-mail address: (to be used for future annual re	eport notification)
For further information concerning this matter, pl	lease call:
Liza Wolf	_{at} 856 283-3456
Name of Person	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 \$30 Filing Fee & Certificate of Status	S55 Filing Fee & S60 Filing Fee, Certified Copy Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears	on the records of the Florida Department of
State: Catapult Learning, LLC	
Enter new principal office address, if applicable:	25 i.m. • 171
• • •	- 19th
(Principal office address MUST BE A STREET ADDRESS)	
-	#8. ; : ****
Enter new mailing address, if applicable: (Mailing address)	
MAY BE A POST OFFICE BOX	
<u>-</u>	
2. The Florida document number of this limited liab	ility company is: M0300004355
3. Jurisdiction of its organization: Delaware	
4. Date authorized to do business in Florida: 12/2	22/2003
SECTION II (5-9 complete only the applicable ch	
New name of the limited liability company: (must company)	contain "Limited Liability Company," "L.L.C.," or "LLC.")
copy of the written consent of the managers or mana must contain "Limited Liability Company," "L.L.C.	
6. If amending the registered agent and/or registered registered agent and/or the new registered office add	dess here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida Street Address
	, Florida
	,
the provisions of all statutes relative to the proper a and accept the obligations of my position as register	t and agree to act in this capacity. I further agree to comply with and complete performance of my duties, and I am familiar with red agent as provided for in Chapter 605, F.S. Or, if this n the registered office address. I hereby confirm that the limited

Title/ Capacity	<u>Name</u>	Address	Type of Actio
CEO	Jeffrey Cohen	Two Aquarium Drive, Suite 100, Camden, NJ 08	103 ■Add
			Remov
CFO Chris Catalano	Two Aquarium Drive, Suite 100, Camden, NJ 08	103 ≅ Add	
			Remov
Alfred Deseta		Add	
		Two Aquarium Drive, Sulte 100, Camden, NJ 08103	Remov
			Add
			Remove
			Add
			Remove

Filing Fce: \$25.00