

Florida 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 : CAPITOL CORPORATE SERVICES, INC.  
Account Number : 120160000048  
Phone : (800)345-4647  
Fax Number : (800)432-3622

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

**Email Address:** \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LLC REGISTERED AGENT CHANGE  
PEAK CAMPUS MANAGEMENT, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2016 AUG 15 AM 10:42

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PEAK CAMPUS MANAGEMENT, LLC

Name of Limited Liability Company

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:

Myra Simmons

Name of Person

Capitol Corporate Services, Inc. (Registered Agent Dept.)

Firm/Company

PO Box 1831

Address

Austin, TX 78787

City/State and Zip Code

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

For further information concerning this matter, please call:

Myra Simmons

Name of Person

at ( 800 ) 345-4847

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

INHS18 (2/14)

**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. Name of the Limited Liability Company: PEAK CAMPUS MANAGEMENT, LLC
2. (a) 2970 CLAIRMONT ROAD, SUITE 310  
Principal office address of limited liability company.  
(Note: MUST BE STREET ADDRESS)  
ATLANTA, GA 30329
- (b) 2970 CLAIRMONT ROAD, SUITE 310  
Mailing address of limited liability company.  
(Note: MAY BE POST OFFICE BOX)  
ATLANTA, GA 30329
3. 1/13/2011  
Date of filing/registration in Florida
4. M11000000174  
Document number
5. (a) NRAI SERVICES, INC.  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
1200 SOUTH PINE ISLAND ROAD  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
PLANTATION, FL 30329
- (b) Capitol Corporate Services, Inc.  
Enter name of NEW Registered Agent and/or NEW Registered Office address:  
155 Office Plaza Dr Ste A  
NEW Registered Office Address:  
Tallahassee, FL 32301

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.

Robert Clark ← [Signature]  
Signature of a member or authorized representative of a member Printed or typed name of signer

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 605, 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.

Debbie Case Debbie Case, Assistant Secretary on  
Signature of Registered Agent behalf of Capitol Corporate Services, Inc.

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