

1111000003630

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

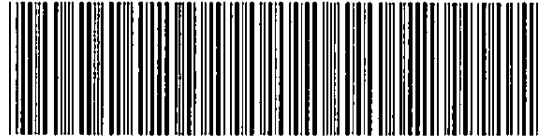
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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**CT CORP**  
**(850) 656- 4724**  
**3458 lakesore Drive**  
**Tallahassee, FL 32312**

**Date:** 07/16/2024

Acc#I20160000072

*en: c DW*

Name:	Risepoint edu, LLC
Document #:	
Order #:	15770693

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>
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Email Address for Annual Report Notifications:

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Updater _____
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Amount: \$ **55.00**

Thank you!

ED  
JUL 16 AM 9:04  
TALLAHASSEE, FL

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Risepoint edu, LLC  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Romae Mims

Name of Person

Risepoint edu, LLC

Firm/Company

700 N Pearl Street, Suite 600

Address

Dallas, Texas 75201

City/State and Zip Code

Romae.Mims@risepoint.com

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

For further information concerning this matter, please call:

Romae Mims

Name of Person

at ( 214 ) 527-4792

Area Code & Daytime Telephone Number

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**Enclosed is a check for the following amount:**

- ☐ \$25 Filing Fee    ☒ \$30 Filing Fee & Certificate of Status    ☐ \$55 Filing Fee & Certified Copy    ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

CR2E055 (9/15)

**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: Wiley edu, LLC

Enter new principal office address, if applicable: 700 North Pearl Street, Suite 600

(Principal office address  
MUST BE A STREET ADDRESS) Dallas, TX 75201

Enter new mailing address, if applicable: 700 North Pearl Street, Suite 600

(Mailing address  
MAY BE A POST OFFICE BOX) Dallas, TX 75201

2. The Florida document number of this limited liability company is: M11000003630

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: July 15, 2011 (original date) - June 1, 2015 (name change date)

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: Risepoint edu, LLC  
(must contain "Limited Liability Company," "LLC," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "LLC," or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida Street Address

City, Florida Zip Code

New Registered Agent's Signature, if changing Registered Agent:

*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.*

If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

\_\_\_\_\_

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

\_\_\_\_\_

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Remove

2020 JUL 16 AM 9:04  
CLERK OF STATE  
TALLAHASSEE, FL

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Designated by  
Marcel Valenta  
Signature of the authorized representative

Marcel Valenta

\_\_\_\_\_  
Typed or printed name of signee

**Filing Fee: \$25.00**

# Delaware

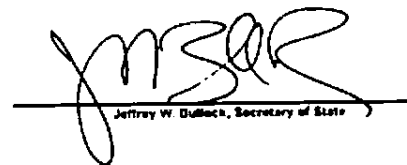
The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT  
COPY OF THE CERTIFICATE OF AMENDMENT OF "WILEY EDU, LLC",  
CHANGING ITS NAME FROM "WILEY EDU, LLC" TO "RISEPOINT EDU,  
LLC", FILED IN THIS OFFICE ON THE TWENTY-FIFTH DAY OF APRIL,  
A.D. 2024, AT 7 O'CLOCK P.M.

FILED  
2024 15 AM 9:05  
CLERK OF STATE  
DELAWARE, FL



  
Jeffrey W. Bullock, Secretary of State

4089268 8100  
SR# 20243150889

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 203935120  
Date: 07-16-24

**STATE OF DELAWARE  
CERTIFICATE OF AMENDMENT**

1. Name of Limited Liability Company: Wiley edu, LLC
2. The Certificate of Formation of the limited liability company is hereby amended as follows:

The name of the Limited Liability Company is Risepoint edu, LLC

IN WITNESS WHEREOF, the undersigned have executed this Certificate on the 23rd day of April, A.D. 2024

By: M. U.

Authorized Person(s)

Name: Marcel Valenta

Print or Type

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2024 APR 23 PM 9:05  
DELAWARE  
SECRETARY OF STATE  
TALLAHASSEE, FL