

M13000001725

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

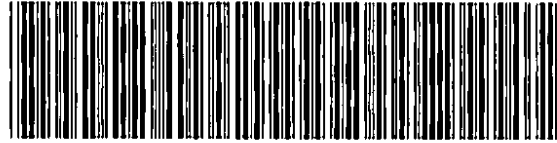
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100361088831

Y. GULKER

MAR 05 2021

2021 MAR 05 10:39 AM
STATE OF FLORIDA
SECRETARY OF STATE
TALLAHASSEE, FL

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312
850-656-4724

Date: 03/02/2021

Acc#120160000072

en: c DW

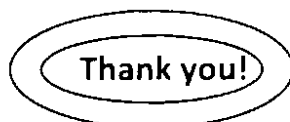
Name:	Iowa College Acquisition, LLC / Kaplan North America, LLC
Document #:	
Order #:	13547883

Certified Copy of Arts & Amend:	<input type="checkbox"/>	1-2 Filing Keep together	
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>	Please file the Correction first	
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>
	Plain: <input type="checkbox"/>
	COGS: <input type="checkbox"/>

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$	55.00
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7/21/21 4:42 PM

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 3, 2021

CT CORP

CORRECTED
Please Allow For
Same File Date

SUBJECT: IOWA COLLEGE ACQUISITION, LLC
Ref. Number: M13000001725

We have received your document for IOWA COLLEGE ACQUISITION, LLC and the authorization to debit your account in the amount of \$55.00. However, the document has not been filed and is being returned for the following:

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Yasemin Y Sulker
Regulatory Specialist III

Letter Number: 121A00004542

Sent back
3/7/21

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Iowa College Acquisition, 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:

Ashley Pomonis

Name of Person

Kaplan, Inc.

Firm/Company

900 North Point Pkwy., Suite 250

Address

Alpharetta, GA 30005

City/State and Zip Code

APOMONIS@KAPLAN.EDU

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

For further information concerning this matter, please call:

Ashley Pomonis

at (312) 385-1246

Name of Person

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: Iowa College Acquisition, LLC

Enter new principal office address, if applicable: 1515 West Cypress Creek Road

(Principal office address

MUST BE A STREET ADDRESS)

Fort Lauderdale, Florida 33309

Enter new mailing address, if applicable:

(Mailing address

MAY BE A POST OFFICE BOX)

Attn: Tax Department

900 North Point Pkwy., Suite 250

Alpharetta, GA 30005

2. The Florida document number of this limited liability company is: M13000001725

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 03/19/2013

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

5. New name of the limited liability company: Kaplan North America, LLC
(must contain "Limited Liability Company," "L.L.C.," 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," "L.L.C." 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

Florida

City

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)(e), 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
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

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.

Ashley Pomonis
Signature of the authorized representative

Ashley Pomonis

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 THAT THE SAID "IOWA COLLEGE
ACQUISITION, LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING
ITS NAME TO "KAPLAN NORTH AMERICA, LLC" ON THE FIFTEENTH DAY OF
FEBRUARY, A.D. 2021, AT 10:28 O'CLOCK A.M.




Jeffrey W. Bullock, Secretary of State

2957084 8320
SR# 20210730962

Authentication: 202617560
Date: 03-01-21

You may verify this certificate online at corp.delaware.gov/authver.shtml