

M14000006707

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

W17-102147

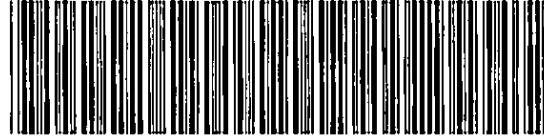
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200305945412

LLC
for Amend
NC

12/01/17--01003--028 **25.00

2018 JAN 27 PM 12:49

RECEIVED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DEC 0 9 2017

N. CAUSSEAU

FEB 1 - 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Mind Streams Education, 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:

Dean Hestermann

Name of Person

Nelnet, Inc.

Firm/Company

121 S. 13th Street

Address

Lincoln, NE 68508

City/State and Zip Code

dean.hestermann@nelnet.net

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

For further information concerning this matter, please call:

Dean Hestermann

Name of Person

at (402) 323-4605

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 ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 4, 2017

DEAN HESTERMAN
121 S 13TH ST
LINCOLN, NE 68508

SUBJECT: MIND STREAMS EDUCATION, LLC
Ref. Number: M14000006707

2017 DEC 26 AM 11:51

We have received your document for MIND STREAMS EDUCATION, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons
Regulatory Specialist II

Letter Number: 017A00024389



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 28, 2017

DEAN HESTERMANN
NELNET, INC.
121 S. 13TH STREET
LINCOLN, NE 68508

SUBJECT: MIND STREAMS EDUCATION, LLC
Ref. Number: M14000006707

We have received your document for MIND STREAMS EDUCATION, LLC and your check(s) totaling \$25.00. However, the document has not been filed and is being retained in this office for the following:

You failed to make the correction(s) requested in our previous letter.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

We need a Certificate evidencing the name change.

You may comply with this request via fax. Please fax correction(s) to the attention of the undersigned examiner at 850-245-6030.

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) 245-6051.

Nanette Causseaux
Regulatory Specialist II Supervisor

Letter Number: 517A00026289

**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: MIND STREAMS EDUCATION, LLC

Enter new principal office address, if applicable: _____

(Principal office address

MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: _____

(Mailing address

MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M14000006707

3. Jurisdiction of its organization: Arizona

4. Date authorized to do business in Florida: 09/12/2014

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

5. New name of the limited liability company: FACTS Education Solutions, 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)(c), indicate that change:

| <u>Title/ Capacity</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|------------------------|-------------|----------------|-----------------------|
|------------------------|-------------|----------------|-----------------------|

☐ Add

☐ Remove

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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.

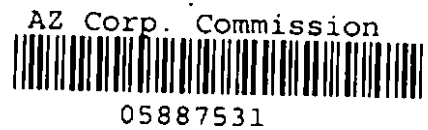
Signature of the authorized representative

William J. Munn, Secretary

/Typed or printed name of signee

Filing Fee: \$25.00

ARIZONA CORP. COMMISSION
FILED



APR 14 2017

FILE NO. L19283658

DO NOT WRITE ABOVE THIS LINE; RESERVED FOR ACC USE ONLY.

ARTICLES OF AMENDMENT (SHORT FORM)

Read the Instructions LQ16i

2019 JAN 27 PM 12:49
SECRETARY OF CORPORATION
FILED

1. **ENTITY NAME** – give the exact name of the LLC as currently shown in A.C.C. records:

MIND STREAMS EDUCATION, LLC

2. **A.C.C. FILE NUMBER:** L-1928365-8

Find the A.C.C. file number on the upper corner of filed documents OR on our website at: <http://www.azcc.gov/Divisions/Corporations>

**CHECK THE BOX NEXT TO EACH CHANGE BEING MADE AND
COMPLETE THE REQUESTED INFORMATION FOR THAT CHANGE.**

3. ☒ **ENTITY NAME CHANGE** – type or print the exact NEW name of the LLC in the space provided:
FACTS Education Solutions, LLC

4. ☐ **MANAGEMENT STRUCTURE CHANGE** – see Instructions LQ16i – check only one box below and follow instructions:

☐ **CHANGING TO MANAGER-MANAGED LLC** – complete and attach the Manager Structure Attachment form L040. The filing will be rejected if it is submitted without the attachment.

☐ **CHANGING TO MEMBER-MANAGED LLC** – complete and attach the Member Structure Attachment form L041. The filing will be rejected if it is submitted without the attachment.

5. ☐ **DURATION CHANGE** – check only one box to indicate the NEW duration or life period of the LLC:

☐ Perpetual

☐ The LLC's life period will end on this date: _____

☐ The LLC's life period will end upon the occurrence of this event: _____

6. ☐ **ENTITY TYPE CHANGE** – check one and follow instructions:

☐ **CHANGING TO PROFESSIONAL LLC** – number 7 must also be completed.

☐ **CHANGING TO NON-PROFESSIONAL LLC** – (professional LLC becoming a regular LLC).

7. ☐ **PROFESSIONAL SERVICES CHANGE** – describe the NEW type of professional services of the LLC:

8. ☐ **OTHER AMENDMENT** – If an amendment was made that was not addressed by the check boxes on this form, then you must attach to these Articles of Amendment a complete copy of the amendment.

SIGNATURE: By checking the box marked "I accept" below, I acknowledge *under penalty of perjury* that this document together with any attachments is submitted in compliance with Arizona law.

☒ I ACCEPT

Signature

James D. Kruger

James D. Kruger
Printed Name

4/13/17

Date (mm/dd/yy)

REQUIRED – check only one and fill in the corresponding blank if signing for an entity:

☒ This is a **manager-managed LLC** and I am signing individually as a **manager** or I am signing for an **entity manager** named:

☐ This is a **member-managed LLC** and I am signing individually as a **member** or I am signing for an **entity member** named:

Filing Fee: \$25.00 (regular processing)
Expedited processing – add \$35.00 to filing fee.
All fees are nonrefundable – see Instructions.

Mail: Arizona Corporation Commission – Corporate Filings Section
1300 W. Washington St., Phoenix, Arizona 85007
Fax: 602-542-4100

Please be advised that A.C.C. forms reflect only the minimum provisions required by statute. You should seek private legal counsel for those matters that may pertain to the individual needs of your business.
All documents filed with the Arizona Corporation Commission are public record and are open for public inspection.
If you have questions after reading the Instructions, please call 602-542-3026 or (within Arizona only) 800-345-5819.

STATE OF ARIZONA



Office of the CORPORATION COMMISSION

CERTIFICATE OF GOOD STANDING

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2018 JAN 27 PM 12:19

To all to whom these presents shall come, greeting:

I, Ted Vogt, Executive Director of the Arizona Corporation Commission, do hereby certify that

*****FACTS EDUCATION SOLUTIONS, LLC*****

a domestic limited liability company organized under the laws of the State of Arizona, did organize on the 22nd day of May 2014.

I further certify that according to the records of the Arizona Corporation Commission, as of the date set forth hereunder, the said limited liability company is not administratively dissolved for failure to comply with the provisions of A.R.S. section 29-601 et seq., the Arizona Limited Liability Company Act; and that the said limited liability company has not filed Articles of Termination as of the date of this certificate.

This certificate relates only to the legal existence of the above named entity as of the date issued. This certificate is not to be construed as an endorsement, recommendation, or notice of approval of the entity's condition or business activities and practices.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the official seal of the Arizona Corporation Commission. Done at Phoenix, the Capital, this 1st day of November, 2017, A. D.




Ted Vogt, Executive Director

By: 1763690