## M1600006453

(Re	equestor's Name)			
(Address)				
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PICK-UP	☐ WAIT	MAIL		
<u>.</u> (Bi	usiness Entity Name	<del>e</del> )		
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SECRETARY OF STATE
TAIL AND SEFF FLORING.

## COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: AEP CHARTER CHAMPION ACADEMY, 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:				
LORETTA A. MCCOOL				
Name of Person				
UNISEARCH, INC.				
Firm/Company				
325 13TH ST. SUITE 404				
Address				
SALEM, OR 97301				
City/State and Zip Code				
UNISOP@UNISEARCH.COM				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
LORETTA A. MCCOOL 800 554-3113				
Name of Person Area Code & Daytime Telep	hone Number			
STREET/COURIER ADDRESS: MAILING ADDRESS:				
Registration Section Registration Section				
Division of Corporations Division of Corporations				
Clifton Building P.O. Box 6327				
2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301				
Enclosed is a check for the following amount:				
☑ \$25 Filing Fee				

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.

rioria		CD ()	ANADION ACADEMY II C	
I. Na	ame of the limited liability company: AEP CHART	ER CH	AMPION ACADEMY, LLC	
2. (a)		_ (	b)	
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited (Note: MAY BE POST	liability company:
	222 SW COLUMBIA ST. SUITE 1750		222 SW COLUMBIA ST. S	
	PORTLAND, OR 97201	PORTLAND, OR 97201		
			1 01(12/11/0) 01(0) 201	
	08/11/2016		M16000006453	
3.	Date of filing/registration in Florida	4.	Document number	···
5. (a)				
(4)	Registered Agent and Registered Office shown on the records of	the Florid	a Dept. of State:	
	C T CORPORATION SYSTEM			
	Registered Office Address (MUST BE FLORIDA STREET A	DDRES:	<u>5)</u>	
	1200 SOUTH PINE ISLAND ROAD		P	SE <b>7</b>
	PLANTATION, FL	33324	AH.	CRETA
(b)			SSEE	22 AH
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office ad	dress:	<del></del>
	UNISEARCH, INC.		ROA	9. 55 E
	NEW Registered Office Address:			•
	155 OFFICE PLAZA DR.	. <u>—</u>		
	TALLAHASSEE	32301		
ne char gent w vas/we ne artic /S/ C	mited liability company is not organized under the law nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia re authorized by an affirmative vote of the members or cles of organization or the operating agreement of the INDY CAGGIANO, AUTHORIZED PERSON	the regined in the limited in the li	stered office and the business officempany, it is hereby confirmed that ited liability company or as other liability company.  IDY CAGGIANO	ce of the register at the change(s) wise provided in
Signati	ure of a member or authorized representative of a member		Printed or typed name of	signee

I nerepy 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.

UNISEARCH INC.

Signature of Registered Agent