

**N05000005637**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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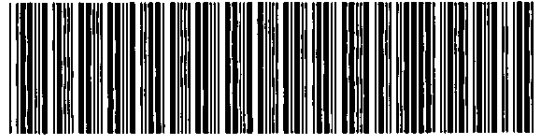
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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DIVISION OF CORPORATIONS  
2013 AUG 15 PM 4:19  
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13 AUG 19 PM 4:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**C. LEWIS**  
AUG 19 2013  
**EXAMINER**



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 765889 7950671

AUTHORIZATION :

COST LIMIT : \$35.00

ORDER DATE : August 15, 2013

ORDER TIME : 2:31 PM

ORDER NO. : 765889-005

CUSTOMER NO: 7950671

CHANGE OF AGENT

NAME: NATIONAL ASSOCIATION OF STATE  
ADMINISTRATORS AND SUPERVISORS  
OF PRIVATE SCHOOLS, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY

CONTACT PERSON: Susie Knight -- EXT# 52956

EXAMINER: \_\_\_\_\_

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: National Association Of State Administrators And Supervisors Of Private Schools, Inc.
2. The principal office address: 403 Marquis Avenue, Suite 200, Lexington, KY 40502
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: June 1, 2005 Document number: N05000005637
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Lane Goodwin

403 Marquis Ave. Suite 200

Lexington, KY 40502

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Corporation Service Company

1201 Hays Street

P.O. Box NOT acceptable

Tallahassee, FL 32301

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
\_\_\_\_\_  
Signature of an officer or director

John Ware, President

\_\_\_\_\_  
Printed or typed name and title.

*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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

Corporation Service Company

By:   
\_\_\_\_\_  
Signature of Registered Agent

8-19-13  
\_\_\_\_\_  
Date

If signing on behalf of an entity:

Sue G. Knight

Assistant Vice President

\_\_\_\_\_  
Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (03/12)

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