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PICK-UP	☐ WAIT	MAIL
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STORETARY OF STATE

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PAChange 7-19-11

COVER LETTER

Amendment Section

TO:

Division of Corporations SUBJECT: Renaissance Learning Academy, Inc.
Name of Corporation DOCUMENT NUMBER: NO7 000004342 The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Dicholas Pollard

Name of Contact Person Pirm/Company 440 Royal Palmway, Suite 102 Pain Seath FL 33480.

City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (S61) 802-2034.

Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a \$35.00 check made payable to the Department of State. Street Address: Amendment Section Mailing Address: Amendment Section

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

CR2E045 (8/05)

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

statement of cha	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this tange is submitted for a corporation organized under the laws of the State of <u>Frecido</u> ler to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of	the corporation: Renaissance Learning Academy I	<u>⊃</u> c
2. The principal	I office address: 5841 Corporate way, # 101	_
<u>upes</u>	+ Palm Beach FL 33407	
	address (if different): Same	_
4. Date of incorp	rporation/qualification: 4/30/2007 Document number: 00700004342	_
5. The name and Florida Depar	d street address of the current registered agent and registered office on file with the artment of State: (If resigned, enter resigned)	
	Dicholas Pollard, secretary	
	5841 Corporate way, # 101	
	West Parn Beach CL 33407 TE	-65
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office	S E
	Nicholas Pollard, Secretary 70 3	T
	37 1	
	P.O. Box NOT acceptable	
	west Pour Beach FL 33409	
The street address changed will	ess of its registered office and the street address of the business office of its registered agent, be identical.	
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the cornoration has been notified in writing of the change.	
	Oich Busto O/Recident	
•		
I further agree to of my duties, and document is bein corporation has	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete performance ad I am familiar with and accept the obligation of my position as registered agent. Or, if this ing filed merely to reflect a change in the registered office address, I hereby confirm that the s been notified in writing of this change.	
ے نیاب	06/28/11	
Sign	nature of Registered Agent Date	
If signing on beh	half of an entity:	
Micho	yped or Printed Name	
Ty	yped or Printed Name	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

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