## N1000000 9844

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January 26, 2023

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Sent via Priority Mail

Re: Statement of Change of Registered Office/Agent for OPM Education, Inc. Document Number: N10000008844

Dear Department Representative:

Copy: OPM Education Inc., via email

Our firm represents OPM Education, Inc. ("OPM Education"), a Florida nonprofit corporation organized for tax-exempt purposes. As part of its change of registered office and agent in Florida, OPM Education submits the following materials:

- 1. Check #3251 for \$35.00 made payable to the Department of State;
- 2. Division of Corporations Cover Letter; and
- 3. Statement of Change of Registered Office and Agent for Corporations.

Thank you for your attention to this matter. If you have any questions, please contact me at the number listed below.

Sincerely,

Ryan Oberly

Attorney at Law

## **COVER LETTER**

| TO: Amendment Section Division of Corporations       |   |                |
|--|---|----------------|
| SUBJECT: OPM Education, Inc. Name of Corporation     |   |                |
| DOCUMENT NUMBER: N10000008844                        |   |                |
| The enclosed Statement of Change of Registered C     | Office/Agent and fee are submitted for filing.  |                |
| Please return all correspondence concerning this m   | atter to the following:   |                |
| Ryan Oberly  |   |                |
| Name of Contact Person                               |   |                |
| Wagenmaker & Oberly, LLC                             | •   |                |
| Firm/Company   | <del></del>   |                |
| 53 W. Jackson Blvd., Suite 1734                      |   |                |
| Address  | <del></del>   |                |
| Chicago, IL 60604                                    |   |                |
| City/State and Zip Code                              |   |                |
| compliance@wagenmakerlaw.co                          | om  |                |
| E-mail address: (to be used for future annual re     | eport notification)   |                |
|  | ase call: Control of the control of |                |
| For further information concerning this matter, plea | ase call:   | 1              |
| Ryan Oberly  | at $(312)$ $(626-1600)$ $\omega$  | talas<br>Grane |
| Name of Contact Person                               | Area Code & Daytime Telephone Number  | j              |
| Enclosed is a \$35.00 check made payable to the De   | ase call:  at (312 ) 626-1600   |                |
| Mailing Address:                                     | Street Address:   |                |
| Amendment Section                                    | Amendment Section   |                |
| Division of Corporations P.O. Box 6327               | Division of Corporations The Centre of Tallahassee  |                |
| Tallahassee, FL 32314                                | 2415 N. Monroe Street, Suite 810  |                |
| rananassee, I'L 32314                                | 2413 IN. MOINGE SHEEK, SHILE 610  |                |

Tallahassee, FL 32303

CR2E045 (04/13)

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

| statement of cha   | nge is submitted for a corporation   | 17.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of Florida registered agent, or both, in the State of Florida.   |  |
|--|--|---|--|
| 1. The name of t   | the corporation: OPM Education, Ir   | ic.   |  |
| 2. The principal<br>Chicago, IL 6060   | office address: 53 W. Jackson Blvd   | ., Suite 1734   |  |
|  |  |   |  |
| 4. Date of incorporation/qualification: 09/17/2010 Document number: N10000008844 |  |   |  |
|  | d street address of the current registerment of State: (If resigned, enter r   | tered agent and registered office on file with the resigned)  |  |
|  | Jeffrey Mundume Kerina   | <u> </u>  |  |
|  | 301 East Pine Street, Suite 1400   |   |  |
|  | Orlando, FL 32801  |   |  |
| 6. The name and (if changed):  | d street address of the new registere Registered Agent Solutions, Inc.   | ed agent (if changed) and /or registered office   |  |
|  | 155 Office Plaza Dr., Suite A  |   |  |
|  | Tallahassee, FL 32301  | P.O. Box NOT acceptable   |  |
| The street addre   | ess of its registered office and the be identical.   | street address of the business office of its registered agent,  |  |
| Such change was<br>authorized by the   | as authorized by resolution duly a<br>ne board, or the corporation has be  | dopted by its board of directors or by an officer:so cen notified in writing of the change.   |  |
| <b>-</b>   | endore   | Letitia Bradford, MD, Executive Director  |  |
| I hereby accept<br>I further agree t<br>of my duties, an<br>document is bei      | te of an officer or director  the appointment as registered ag to comply with the provisions of a d I am familiar with and accept th ng filed merely to reflect a chang to been notified in writing of this cl | ent and agree to act in this capacity. Il statutes relative to the proper and complete performance he obligation of my position as registered agent. Or, if this e in the registered office address, I hereby confirm that the hange. |  |
| Mach   | nature of Registered Agent   | 1/6/2023  |  |
| If signing on be   | half of an entity:   |   |  |
| Mackenzie Hit  | bler, Assistant Secretary  |   |  |
| Tv   | vned 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 (04/13)