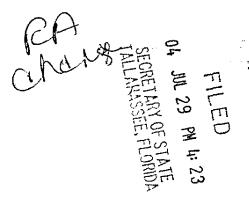
## P01000096906

(Re	equestor's Name)	
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100 Jag 104



ACCOUNT NO. : 072100000032

REFERENCE : 822087

5124234

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE: July 27, 2004

ORDER TIME : 9:24 AM

ORDER NO. : 822087-195

CUSTOMER NO: 5124234

CUSTOMER: Ms. Nancy Burns

Career Education Corporation

Suite 600

2895 Greenspoint Parkway Hoffman Estates, IL 60195

## CHANGE OF AGENT

NAME: ORLANDO CULINARY ACADEMY, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Heather Chapman -- EXT# 2908

EXAMINER:

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

statement of cha	provisions of sections 607.0502, 617.0502, ange is submitted for a corporation organiz er to change its registered office or register	ed under the laws o	f the State of Florida	<del></del>
1. The name of	the corporation: ORLANDO CULINARY A	CADEMY, INC.		
	office address:	ndo, FL 32819		<u> </u>
	address (if different):eenspoint Pkwy., Suite 600, At	tn: Tax Dept.,	Hoffman Estates	L 60195
4. Date of incor	poration/qualification: October 04, 20	01 Document num	ber: P01000 <del>0</del> 96906	
	d street address of the current registered agartment of State:	ent and registered of	SES C	
	C T Corporation System	·	FST	
	1200 South Pine Island Road		ORID.	: 23
	Plantation, FL 33324		·	, 1 de <del>1 de</del>
6. The name and (if changed):	d street address of the new registered agent	(if changed) and /or	registered office	
	Corporation Service Company	<u> </u>	<u> </u>	·
	1201 Hays Street			. =
	(P.O. Box NOT acceptable)			
	Tallahassee, FL 32301	. =	· · · · · · · · · · · · · · · · · · ·	
The street address changed will	ess of its registered office and the street a be identical.	ddress of the busine	ess office of its registered	l agent,
Such change was authorized by the	as authorized by resolution duly adopted he board, or the corporation has been not	by its board of dire ified in writing of th	ctors or by an officer so he change.	
(Signati	dully Culler under or an officer or director)		en, Attorney in Fac or typed name and title)	t
I further agree of my duties, ar document is bei corporation ha	the appointment as registered agent and to comply with the provisions of all status and familiar with and accept the obliging filed merely to reflect a change in the seen notified in writing of this change.	agree to act in this tes relative to the p cation of my positio registered office ac	s capacity. roper and complete perfo n as registered agent. O ddress, I hereby confirm i	ormance r, if this that the
By MA A DI	ion Service Company	July 23, 2004	1	
	gnature of Registered Agent)		(Date)	<del></del>
If signing on be	ehalf of an entity:			
Jacqueline	M. Giles			
(*	Typed or Printed Name)			

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