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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: KP Educational Consultants (Name of corporation)	
DOCUMENT NUMBER: <u>PO 1060 161577</u>	
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing	ng
Please return all correspondence concerning this matter to the following:	
Gragery C-Perkins (Name of person)	
KP Educations [Consultants (Name of firm/company)	
1822 St. Giles Place	
Orlando Fr 32835 = (City/state and zip code)	
For further information concerning this matter, please call: Ortogay L-Pakins at (407) 296-78/2 (Name of person) (Area code & daytime telephone number)	
Enclosed is a \$35.00 check made payable to the Department of State.	

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

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
in order to change its registered office or registered agent, or both, in the State
of Florida.
1. The name of the corporation: KP Education Consultants Ive.
2. The principal office address: 1822 St Gilcs Place Office Address: 18235
3. The mailing address (if different): SAMC 95 Above
4. Date of incorporation/qualification: 16/17/01 Document number: 101600/01577
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
ALA CORPORATE SURVICIOS FOR LARRY SISSON
1538 Collins AVIC # 451 218 Southern Country ha
1538 Collins AVIC # 451 218 Southern Country ha. Miami Boach, Fl 33141 Quincy, Fl 32351
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Orcyony L Portios 1672 St Orics Pho (P.O. Box or personal mailbox NOT acceptable) Office (if changed) and /or registered office (if changed) Orcyony L Portios 1672 St Orics Pho Orcyony L Portios 1873 St Orics Photo Orcyony L Portios 1874 St Orics Photo Orcyony L Portios 1875 St Orics Photo Orcyony L Portion 1875 St Orics Photo 1
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 natified in writing of the change. (Signature of any officer, chairman or vice change) (Signature of any officer, chairman or vice change)
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.
Frequency Stephens 12/13/02 Pro S (Signature of Registered Agent)
If signing on behalf of an entity:
(Typed or Printed Name) (Capacity) (Capacity)
Make checks payable to Florida Department of State and Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314