P04000088238

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COVER LETTER

Division of Corporations INTERNATIONAL EDUCATION PROGRAMS, INC. SUBJECT: Name of Corporation P04000088238 DOCUMENT NUMBER:__ 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: Scott Tayloe Name of Contact Person International Education Programs, Inc. Firm/Company 6210 Whitsbury Court Address Jacksonville, FL 32258 City/State and Zip Code scott.tayloe@goabroad.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: John W. Gaddis, Esq. Area Code & Daytime Telephone Number Name of Contact Person

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

Enclosed is a \$35.00 check made payable to the Department of State.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

TO:

Amendment Section

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

statement of ch	e provisions of sections 607.0502, 617.050 cange is submitted for a corporation orga ler to change its registered office or regist	nized under the laws of the State of Flo	orida	
	the corporation: International Education Internation			
3. The mailing	address (if different):			
4. Date of inco	rporation/qualification: June 7, 200	04 Document number: P04	100008823	8
	nd street address of the current registered a artment of State: (If resigned, enter resign		he	
	Samuel L. LePrell			
	1930 San Marco Blvd.,Suite 20)1	****	
	Jacksonville, FL 32207		SEU SEU	1
6. The name and (if changed):	nd street address of the new registered age	ent (if changed) and /or registered office	~~<	
	Scott Tayloe			
	6210 Whitsbury Court			 \ 5
		OT acceptable		⊃
	Jacksonville, FL 32258			
The street address changed wi	ress of its registered office and the street Il be identical.	address of the business office of its re	egistered age	ent,
Such change authorized by	vas authorized by resolution duly adopte the board, or the corporation has been n	ed by its board of directors or by an off of the change.	ficer so	
(\~		Troy Peden		_
-	ure of an officer of director If the appointment as registered agent at It to comply with the provisions of all sta It am familiar with and accept the ob- It is a change in to It is a change in the change in	Printed or typed name and little nd agree to act in this capacity. tutes relative to the proper and comple ligation of my position as registered a he registered office address, I hereby c e.	ete performa gent. Or, if confirm that	ince this the
Signature of Registered Agent Date				
S	gnature of Registered Agent	Date		
If signing on b	ehalf of an entity:			
	Typed or Printed Name			
	* * * FILING F	EE: \$35.00 * * *		

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