CORPORATE ACCESS, INC.

236 East 6th Avenue . Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

WALK IN

PICK UP <u>2621991</u>

CERTIFIED COPY	CUS	
Рното сору	XFILING RACHA	nge
1.) HOVIDA METVODOLITAN (CORPORATE NAME & DOCUMENT #)	100002	7822310
2.)(CORPORATE NAME & DOCUMENT #)	のこと ここと 非常未来。	/9901025001 35.00 *****35.00
3.)(CORPORATE NAME & DOCUMENT #)	<u> </u>	· -
(CORPORATE NAME & DOCUMENT #)	A	SEC
5.) (CORPORATE NAME & DOCUMENT #)	AHASSEE	FILE FB 22
SPECIAL INSTRUCTIONS	FLORIDA	PI 0: 57
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Florida Department of State, Sandra B. Mortham, Secretary of State

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

Pursuant to the provisions of sections 607.0502, 617.0502, undersigned corporation organized under the laws of the St	
submits the following statement in order to change its regist	
State of Florida.	
1. The name of the corporation is: FLORIDA METROPOI	LITAN UNIVERSITY, INC.
2. The mailing address of the corporation is: 6 HUTTON C	CENTER DRIVE #400
SANTA ANA, CA 92707	
3. Date of incorporation/qualification: 7/26/96	Document number: P96000062616
4. The name and address of the current registered agent and	office:
NATIONSCORP REGISTERED AGEN	ATTS THE TARE
526 E. PARK AVENUE	E E
TALLAHASSEE, FL 32301	22 左
5. The name and address of the new registered agent and offi	ice: (P. O. Box Not Acceptable)
PARACORP INCORPORATED	TO ST
236 EAST 6TH AVENUE	
TALLAHASSEE, FL 32303	-
The street address of its registered office and the street adagent, as changed, will be identical.	ldress of the business office of its registered
Such change was authorized by resolution duly adopted by authorized by the board.	y its board of directors or by an officer so
Many Many	10/14/98
Signature of an officer, grairman or vice chairman of the b	board) Date)
FRANK J. MCCORD UPECFO	19,4/98
(Printed or typed name and title)	(Dáte):
Having been named as registered agent and to accept ser corporation, I hereby accept the appointment as registered	ed agent and agree to act in this capacity.
I further agree to comply with the provisions of all statute performance of my duties, and I am familiar with and acc	es relative to the proper and complete
registered agent.	1.1
(Signature of Registered Agent)	(Date) /
DENISE ZOLLINER, ASSISTANT SECRETARY If signing on behalf of an entity:	·
- organic on our or an oracy.	
(Typed or Printed Name)	(Capacity)
CR2E045(4/95)	FILING FEE: \$35.00