P98000102097

## HOFFMAN LEARNING CENTERS

Where Research, Technology and Common Sense Come Together

5400 Park Central Court, Suite 1 · Naples, Florida 34109

500003041055---4 -11/10/99--01060--013 \*\*\*\*\*35.00 \*\*\*\*\*\*35.00

Examiner's Initia

Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Document #) (Corporation Name) (Document #) (Corporation Name) · (Document #) (Corporation Name) (Document #) (Corporation Name) Certified Copy Pick up time Walk in Certificate of Status Photocopy Will wait Mail out <u>AMENDMENTS</u> NEW FILINGS ☐ Amendment ☐ Profit Resignation of R.A., Officer/Director Not for Profit Change of Registered Agent ☐ Limited Liability Dissolution/Withdrawal ☐ Domestication Merger Other REGISTRATION/QUALIFICATION OTHER FILINGS Foreign Annual Report Limited Partnership ☐ Fictitious Name Reinstatement Trademark Other



## FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

November 19, 1999

HOFFMAN LEARNING CENTER 5400 PARK CENTRAL CT., STE 1 NAPLES, FL 34109

SUBJECT: HOFFMAN LEARNING CENTERS, INC.

Ref. Number: P98000102097

We have received your document for HOFFMAN LEARNING CENTERS, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6908.

Anna Chesnut Corporate Specialist

Letter Number: 499A00055544

RECEIVED
99 DEC 13 AM 11: 02
11VISION OF CORPORATIONS

## Florida Department of State, Sandra B. Mortham, Secretary of State

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

	provisions of sections 607.0502, 61 poration organized under the laws of	17.0502, 607.1508, or 617.1508, Florida	Statutes, the
		its registered office or registered agent, or	r both, in the
State of Florida	•	_	
1. The name of	the corporation is: Hoffman Learn	ing Centers, Inc.	`=== #
2. The mailing a	ddress of the corporation is: P.O.	Box 1517, Naples, Florida 3393	<b>a-</b>
. ^		· · · · · · · · · · · · · · · · · · ·	<u> </u>
5700 lar	R Central Court Suit	e 1, Naples, F1, 34109	·
3. Date of incorr	poration/qualification: 12/08/98	Document number: P9800010	02097
4. The name and	address of the current registered age	ent and office:	<u> </u>
	CSC Networks Corpo	ration Service Com	PANY
	1201 Hays Street		<i>U</i>
	Tallahassee, FL 32301	-2525	· · · · · · · · · · · · · · · · · · ·
5. The name and	address of the new registered agent	and office: (P.O. Box Not Acceptable)	
	Loren Hoffman, Ph. D.		
•	5400 Park Central Cour	41-	
•		この	
-	Naples, Florida 34109		4: 35 35
The street address agent, as change	ss of its registered office and the streed, will be identical.	et address of the business office of its regi	stered
Such change was authorized by the	s authorized by resolution duly adopt board.	ed by its board of directors or by an office	er so
Jan 1	The Show	11/8/99	. <u>1</u>
(Signature of an office	er, chairman or vice chairman of the board)	(Date)	<del></del>
Loren_E	offman, Ph. D., President (Printed or type	d name and title)	, w <del></del>
Having been nam I hereby accept t comply with the p and I am familia	ned as registered agent and to accep he appointment as registered agent o provisions of all statutes relative to t r with and accept the obligation of n	of service of process for the above stated c and agree to act in this capacity. I furthe the proper and complete performance of n ny position as registered agent.	orporation, r agree to ny duties,
9	The 11	4/0/00	17
(Signature of	of Registered Agent)		
If signing on beh	<i>y</i> • •		
Loren Hoffman	. Ph. D.	President	
(Typed or I	rinted Name)	(Capacity)	

**FILING FEE: \$35.00** 

CR2E045(1/95)