

V6D701

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

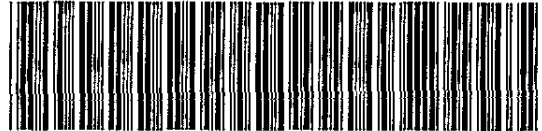
Certified Copies

Certificates of Status

Special Instructions to Filing Officer:

Office Use Only

RA/RO Change  
@ 12/6/02



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11/26/02--01073--016 \*\*35.00

FILED

02 NOV 26 PM 4:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



November 20, 2002

FLORIDA SECRETARY OF STATE  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Attn: Corporate Filing Dept.

Re: **WALDEN UNIVERSITY, INC.**

Dear Filing Officer:

Enclosed please find a Statement of Change of Registered Office/Agent for the above referenced name, which is to be filed in your office. Also enclosed is our check #5228 in the amount of \$35.00 for the filing fee. After filing, please return the file-stamped copy in the enclosed self-addressed envelope. If you have any questions please contact x153 at 800-345-4647.

Thank you,

*Myra Simmons*

Myra Simmons  
Registered Agent Services  
Enclosures

FILED  
02 NOV 26 PM 4:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Return acknowledgment to:



Capitol Corporate Services, Inc.  
P.O. Box 1831 Austin, TX 78767  
800/345-4647

**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, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: WALDEN UNIVERSITY, INC.

2. The mailing address of the corporation is: 24311 Walden Center Drive, Bonita Springs, FL 34134

3. Date of incorporation/qualification: 8/28/1992 Document number: V60701

4. The name and address of the current registered agent and office:

Michael A. Rogers  
24311 Walden Center Drive  
Walden University  
Bonita Springs, FL 34134

5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)

Capitol Corporate Services, Inc.  
1333 North Duval St.  
Tallahassee, FL 32303

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.

Michael A. Rogers  
(Signature of an officer, chairman or vice chairman of the board)

11/19/02  
(Date)

Secretary  
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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.

Delanie Case 11-20-02  
(Signature of Registered Agent) (Date)

If signing on behalf of an entity:

Delanie Case Asst. sec  
(Typed or Printed Name) (Capacity)

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

CR2E045(7/97)

DIVISION OF CORPORATIONS

P.O. Box 6327

TALLAHASSEE, FL 32314

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