

N9800000 3318

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

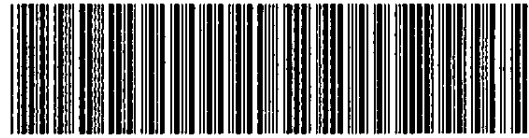
(Business Entity Name)

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SIMMS SHOWERS LLP *ESQ*
A PARTNERSHIP OF PROFESSIONAL CORPORATIONS

305 Harrison Street, S.E., 3rd Floor ■ Leesburg, Virginia 20175 ■ (703) 771-4671 ■ Fax: (703) 771-4681 ■ www.simmsshowers.com

January 25, 2011

Florida Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314


Re: Change of Registered Agent & Office for US Dream Academy

To Whom It May Concern:

I am writing you on behalf of our client, the US Dream Academy Inc. ("US Dream"), to notify your office of their change of Registered Agent. To-wit, please find enclosed: (1) a completed "Statement of Change of Registered Office or Registered Agent or Both for Corporation" and (2) a \$35 check to cover to filing fees.

We respectfully request a letter of confirmation when this change has been recorded in your files. If you have any questions or need anything additional, please feel free to contact me using the telephone number above or via email at jrcoleman@simmsshowerslaw.com. Thank you for your time and attention to this matter.

Sincerely,


Justin R. Coleman, Esq.
Simms Showers, LLP

Enclosures: as stated

Cc: Client (without enclosures)

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 FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: US DREAM ACADEMY, INC.
2. The principal office address: 10400 LITTLE PATUXENT PARKWAY, SUITE 300
COLUMBIA, MARYLAND 21044
3. The mailing address (if different): C/O SIMMS SHOWERS LLP, 305 HARRISON ST SE, 3RD FL
LEESBURG, VIRGINIA 20175
4. Date of incorporation/qualification: 06/05/1998 Document number: N98000003318
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

MS. T.L. TRIMBLE

111 N. ORLANDO AVENUE

WINTER PARK, FLORIDA 32789

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

INCorp SERVICES, INC.

17888 67TH COURT NORTH

P.O. Box NOT acceptable

LOXAHATCHEE, FL 33470

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 notified in writing of the change.

Charm Wallat Signature of an officer or director
C. Diane Wallace Booker Printed or typed name and title
Executive Director

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.

Lisa Granke for Incorp Services, Inc. Signature of Registered Agent
12-10-10 Date

If signing on behalf of an entity:

Lisa Granke for Incorp Services, Inc.
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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