



NORTH CAROLINA

Department of the Secretary of State

To all whom these presents shall come, Greetings:

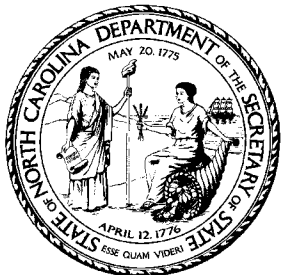
I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify the following and hereto attached to be a true copy of

CHANGE OF REGISTERED OFFICE AND/OR REGISTERED AGENT

OF

WILLIAM GLASSER INSTITUTE SOUTHEAST

the original of which was filed in this office on the 30th day of October, 2019.



Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 30th day of October, 2019.

Elaine F. Marshall

Secretary of State

STATE OF NORTH CAROLINA
DEPARTMENT OF THE SECRETARY OF STATE

STATEMENT OF CHANGE OF REGISTERED
OFFICE AND/OR REGISTERED AGENT

Pursuant to §55D-31 of the General Statutes of North Carolina, the undersigned entity submits the following for the purpose of changing its registered office and/or registered agent in the State of North Carolina.

INFORMATION CURRENTLY ON FILE

The name of the entity is: William Glasser Institute Southeast

The street address and county of the entity's registered office currently on file is:

Number and Street: 105 Castle Manor Court

City: Garner State: NC Zip Code: 27529 County: Wake

The mailing address *if different from the street address* of the registered office currently on file is:

Number and Street: _____

City: _____ State: NC Zip Code: _____ County: _____

The name of the current registered agent is:

Willa J. Casstevens / Willa J. Casstevens

NEW INFORMATION

1. The street address and county of the new registered office of the entity is:
(complete this item only if the address of the registered office is being changed)

Number and Street: 1416 Beaverton Trail

City: Winston-Salem State: NC Zip Code: 27103 County: Forsyth

2. The mailing address *if different from the street address* of the new registered office is:
(complete this item only if the address of the registered office is being changed)

Number and Street: _____

City: _____ State: NC Zip Code: _____ County: _____

3. The name of the new registered agent and the new agent's consent to appointment appears below:
(complete this item only if the name of the registered agent is being changed)

Nancy Herrick

Type or Print Name of New Agent

Nancy D. Herrick, Member at Large
* Signature & Title

4. The address of the entity's registered office and the address of the business office of its registered agent, as changed, will be identical.

5. This statement will be effective upon filing, unless a date and/or time is specified: _____

This is the 5 day of July, 2019

William Glasser Institute Southeast

Nancy D. Herrick, M.Ed.
Signature

Nancy Herrick Member at Large

Notes: Filing fee is \$5.00. This document must be filed with the Secretary of State.

Type or Print Name and Title

* Instead of signing here, the new registered agent may sign a separate written consent to the appointment, which must be attached to this statement.

BUSINESS REGISTRATION DIVISION

P. O. BOX 29622

RALEIGH, NC 27626-0622

Revised July 2017

Form BE-06