



COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATE

0191954.06

mmoore
AMD

Michael G. Adams
Kentucky Secretary of State
Received and Filed:
4/4/2023 2:54 PM
Fee Receipt: \$40.00

Division of Business Filings
P.O. Box 718
Frankfort, KY 40602
(502) 564-3490
www.sos.ky.gov

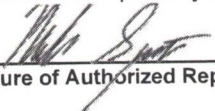
Amended Certificate of Authority
(Foreign Business Entity)

FCA

Pursuant to the provisions of KRS Chapter KRS 14A.9 - 040 the undersigned hereby applies for an amended certificate of authority on behalf of the entity named below and, for that purpose, submits the following statements:

1. The business entity is: ☒ profit corporation
professional service corporation
limited liability company
professional limited liability company
limited cooperative association
other
nonprofit corporation.
business trust
limited partnership
statutory trust
non-profit LLC
2. The name of the company is: Follett Higher Education Group, Inc.
(The name must be identical to the name on record with the Secretary of State.)
3. It is an entity organized and existing under the laws of the state or country of IL
4. The entity received authority to transact business in Kentucky on 7/25/1984
5. The entity has changed its (check all that apply)
☒ Domicile name to Follett Higher Education Group, LLC
Name to be used in Kentucky to _____
Jurisdiction of organization to _____
Period of duration _____
☒ Form of organization LLC
Management type: ☐ Member managed ☒ Manager managed
6. This application will be effective upon filing.

I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

	Steven Mark Sproat	Secretary	3/23/2023
Signature of Authorized Representative	Printed Name	Title	Date



OFFICE OF THE SECRETARY OF STATE

ALEXI GIANNOULIAS-Secretary of State

1102336-3

FEBRUARY 10, 2023

CLS-CTSPRINGFIELDFULFILLMENT@WOLTERSKLUWER.COM

RE FOLLETT HIGHER EDUCATION GROUP, LLC

DEAR SIR OR MADAM:

ENCLOSED PLEASE FIND THE CERTIFIED COPY REQUESTED CONCERNING THE ABOVE REFERENCED LIMITED LIABILITY COMPANY.

THE ATTACHED WAS ASSIGNED AUTHENTICATION NUMBER 2304102261.

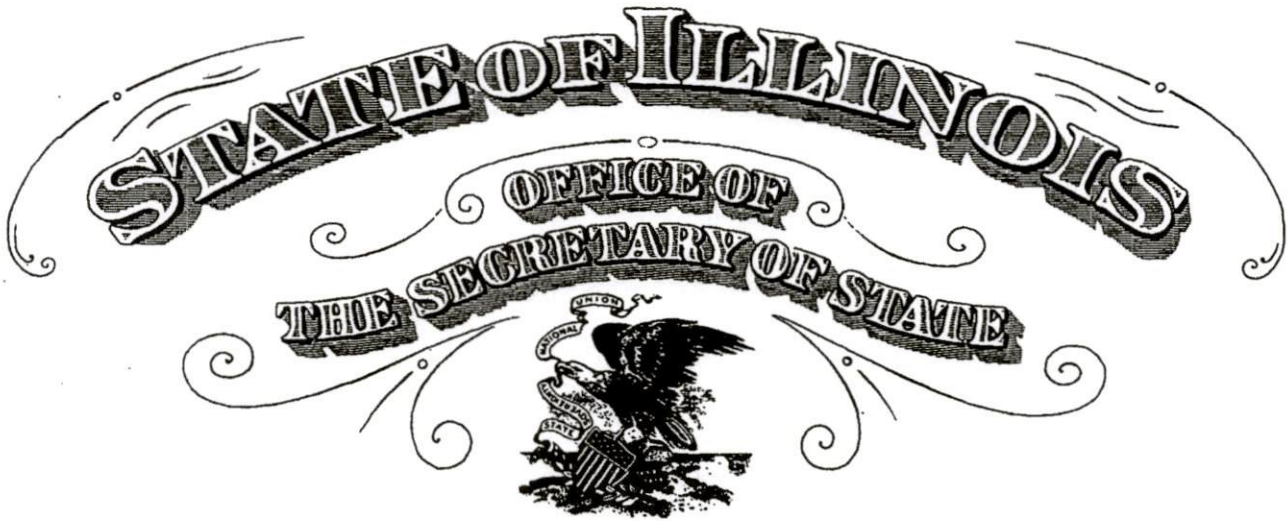
THE REQUIRED FEE IS HEREBY ACKNOWLEDGED.

SINCERELY YOURS,

ALEXI GIANNOULIAS
SECRETARY OF STATE

DEPARTMENT OF BUSINESS SERVICES
LIMITED LIABILITY COMPANY DIVISION
TELEPHONE: (217) 524-8008

AG:LLC



To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulis, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

ATTACHED HERETO IS A TRUE AND CORRECT COPY, CONSISTING OF 1 PAGE(S), AS TAKEN FROM THE ORIGINAL ON FILE IN THIS OFFICE FOR FOLLETT HIGHER EDUCATION GROUP, LLC.



In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 10TH
day of FEBRUARY A.D. 2023 .

Alexi Giannoulis

SECRETARY OF STATE

EOA 205

Illinois Secretary of State
Department of Business Services
STATEMENT OF CONVERSION

Secretary of State
Department of Business Services
501 S. Second St., Rm. 350
Springfield, IL 62756
217-782-6961
www.ilsos.gov

Remit payment in the form of a cashier's check, a certified check, a money order, or an Illinois attorney's or a CPA's check payable to Secretary of State.

FILED**FEB 10 2022**

JESSE WHITE
SECRETARY OF STATE



LC0485658

110833603

New Entity File Number

Filing Fee: \$100

Approved:

Submit in duplicate Type or print clearly in black ink Do not write above this line

Converting EntityCurrent file number: 46456718

- Converting Entity Name: Follett Higher Education Group, Inc.
- Current Entity Type: (select only one)

<input checked="" type="checkbox"/> For Profit Corporation	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> General Partnership
<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Not For Profit
		<input type="checkbox"/> LWCA
- Jurisdiction and Date of Incorporation/Organization: State of Illinois, Thursday, 14 April 1966
- The conversion is authorized by the law of the foreign entity's jurisdiction of organization.

New Entity

- Converted Entity Name: Follett Higher Education Group, LLC
- Converted Entity Type: (select only one)

<input type="checkbox"/> For Profit Corporation	<input checked="" type="checkbox"/> Limited Liability Company	<input type="checkbox"/> General Partnership
<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Not For Profit
		<input type="checkbox"/> LWCA
- Jurisdiction of Incorporation/Organization: State of Illinois
- The Converted Entity: (select only one)

☒ intends to transact business in Illinois ☐ will not be transacting business in Illinois (Please set forth address below.)

Address for Service of Process: C T CORPORATION SYSTEM

(P.O. Box alone is not acceptable) 208 SO LASALLE ST, SUITE 814, CHICAGO, IL 60604
- Effective Date of Conversion: If a future date is chosen, MUST be within 90 days of filing.

☒ Upon Filing ☐ Future Effective Date: _____

The Conversion was approved in accordance with Section 205 of the Entity Omnibus Act.
The formation document and fee for the Converted Entity must be attached.

- The undersigned Entity has caused this statement to be signed by a duly authorized signer who affirms, under penalties of perjury, that the facts stated herein are true and correct. All signatures must be in **BLACK INK**.

Dated February 1, 2022

Follett Higher Education Group, Inc.

Exact Name of Converting Entity

DocuSigned by: Month & Day Year

Any Authorized Signer's Signature

David Wittels, Secretary

Name and Title (type or print)

Printed by authority of the State of Illinois. July 2021 - 1 - C 349.4

FEB 10 2022

DEPARTMENT OF