I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KAY FRANCIS

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# N06921

Entity Name: CENTER FOR FAMILY LEARNING, INC.

Current Principal Place of Business:

2699 STIRLING ROAD SUITE A-105 FT. LAUDERDALE, FL 33312

Current Mailing Address:

2820 ARBOR PLACE KNOXVILLE, TN 37917

FEI Number: NOT APPLICABLE

Name and Address of Current Registered Agent:

FRANCIS, KAY 2699 STIRLING RD SUITE A-105 FORT LAUDERDALE, FL 33312 US FILED Mar 29, 2013 Secretary of State CC7077402793

Certificate of Status Desired: No

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Officer/Director Detail :

Title	DP	Title	D
Name	FRANCIS, KAY	Name	ORTEGA, RENNIE
Address	2699 STIRLING RD	Address	8965 S.W. 52ND PLACE
City-State-Zip:	FORT LAUDERDALE FL 33312	City-State-Zip:	COOPER CITY FL 33328
Title	D		
Name	FORMON, RONNA		
Address	2699 STIRLING RD		
City-State-Zip:	FORT LAUDERDALE FL 33312		

DIRECTOR

03/29/2013

Date

Date