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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SARA NIMON

Electronic Signature of Signing Officer/Director Detail

Entity Name: THE LEARNING GATE, INC.

Current Principal Place of Business:

16331 HANNA RD LUTZ. FL 33549

Current Mailing Address:

16331 HANNA RD LUTZ. FL 33549

FEI Number: 59-2248227

Name and Address of Current Registered Agent:

GIRARD, PATRICIA D. 16331 HANNA ROAD LUTZ, FL 33549 US

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	SECRETARY
Name	GIRARD, PATRICIA D	Name	NIMON, SARA A
Address	12207 NOREAST LAKE DR.	Address	34744 MARSH GLEN CT
City-State-Zip:	TAMPA FL 33612	City-State-Zip:	ZEPHYRHILLS FL 33541

FILED Dec 03, 2013 Secretary of State CC9302613008

Date

Certificate of Status Desired: No

SECRETARY

12/03/2013

Date