### 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: DIANE M. REDINGER

Electronic Signature of Signing Officer/Director Detail

# Name and Address of Current Registered Agent:

REDINGER, DIANE M. 2811 CAPITAL CIRCLE NE STE 3 TALLAHASSEE, FL 32308 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:

Officer/Director Detail :			
Title	Ρ	Title	S
Name	REDINGER, DIANE M.	Name	AMT, WILLIAM L.
Address	2811 CAPITAL CIRCLE NE STE 3	Address	2811 CAPITAL CIRCLE NE STE 3
City-State-Zip:	TALLAHASSEE FL 32308	City-State-Zip:	TALLAHASSEE FL 32308

#### Certificate of Status Desired: Yes

01/11/2014

#### FILED Jan 11, 2014 Secretary of State CC6625078074

Date

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J38428

Entity Name: FLORIDA LEARNING CENTERS, INC.

## **Current Principal Place of Business:**

2811 CAPITAL CIRCLE NE STE 3 TALLAHASSEE, FL 32308

#### **Current Mailing Address:**

2811 CAPITAL CIRCLE NE STE 3 TALLAHASSEE, FL 32308

#### FEI Number: 59-2728267

Electronic Signature of Registered Agent

PRESIDENT