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Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I2000000195 Phone : (850)521-1000 Fax Number : (850)558-1515

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REGISTERED AGENT CHANGE HEADSPROUT, INC.

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Help

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| statement of ci | we provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida hange is submitted for a corporation organized under the laws of the State of der to change its registered office or registered agent, or both, in the State of 1 | Delaware |
|--|---|---|
| | · | r ioriaa. |
| The name o The principal | of the corporation: HEADSPROUT, INC. al office address: 127 Broadway Avenue E Suite 200, Seattle, WA 981 | 02 |
| 3. The mailing | g address (if different): | |
| 4. Date of inco | orporation/qualification: 07/30/2010 Document number: F10000 | 003502 |
| | and street address of the current registered agent and registered office on file we partment of State: | ith the |
| | Ruth Ann Crawley | - grad |
| | 34 Marlin Street | 2011 J |
| | Santa Rosa Beach, FL 32459 | |
| 6. The name at (if changed) | and street address of the new registered agent (if changed) and /or registered of | |
| | Corporation Service Company | |
| | 1201 Hays Street | — ₩ 69 |
| | (P.O. Box NOT acceptable) | ; |
| | Tallahassee, FL 32301 | _ |
| The street add as changed wi | lress of its registered office and the street address of the business office of it ill be identical. | its registered agent, |
| Such change v | was authorized by resolution duly adopted by its board of directors or by an the board, or the corporation has been notified in writing of the change. | 1 officer so |
| | Michael R. Pettern and Committee of the | Assistanto |
| I hereby accept further agree of my duties, a document is be corporation h | pt the appointment us registered agent and agree to act in this capacity. e to comply with the provisions of all statutes relative to the proper and con and I am familiar with and accept the obligation of my position as registere wing filed merely to reflect a change in the registered office address, I here as been notified in writing of this change. | mplete performand ed agent. Or, if this by confirm that the |
| | tion Service Company | |
| | Gignature Afficialistered Agent) (Date) | |
| If signing on b | behalf of an entity: | |
| Sylvia Quep | opet, Asst. VP | |
| | (Typed or Printed Name) | |
| | * * * FILING FEE: \$35.00 * * * | |

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (8/05)