

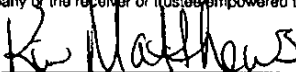


FILED
Mar 13, 2007 8:00 am
Secretary of State

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-------------------------------------------------------------------|------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # L06000083032</b><br>1. Entity Name<br><b>GO TO LEARN LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                          |  |                                                                   | 02-12-2007 90300 025 ****50.00                                                           |  |
| Principal Place of Business<br>2424 ALLEN ROAD<br>TALLAHASSEE, FL 32312 US                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                          | Mailing Address<br>2424 ALLEN ROAD<br>TALLAHASSEE, FL 32312 US                    |                                                                   | 0000000000                                                                               |  |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                          | 3. Mailing Address                                                                |                                                                   |        |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                          | Suite, Apt. #, etc.                                                               |                                                                   | 01172007 Chg-LLC CR2E083 (12/06)                                                         |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                          | City & State                                                                      |                                                                   | 4. FEI Number<br>20-55 24404                                                             |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                          | Country                                                                           |                                                                   | Applied For<br>Not Applicable                                                            |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                          | Country                                                                           |                                                                   | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required |  |
| 6. Name and Address of Current Registered Agent<br>VERHAGEN, GREG<br>2024 HERB COURT<br>TALLAHASSEE, FL 32312                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                          |                                                                                   |                                                                   | 7. Name and Address of New Registered Agent                                              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                          |                                                                                   |                                                                   | Name                                                                                     |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                          |                                                                                   |                                                                   | Street Address (P.O. Box Number is Not Acceptable)                                       |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                          |                                                                                   |                                                                   | City                                                                                     |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                          |                                                                                   |                                                                   | FL Zip Code                                                                              |  |
| 8. 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. I am familiar with, and accept the obligations of registered agent.                                                                                                                                                                                                                                                                            |                                                                                                          |                                                                                   |                                                                   |                                                                                          |  |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____                                                                                                                                                                                                                                                                                                                   |                                                                                                          |                                                                                   |                                                                   |                                                                                          |  |
| Filing Fee is \$50.00<br>Due by May 1, 2007                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                          |                                                                                   |                                                                   | Make check payable to<br>Florida Department of State                                     |  |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                          |                                                                                   | 10. ADDITIONS/CHANGES                                             |                                                                                          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | MGRM<br>COPPEDGE, ANITA<br>2424 ALLEN ROAD<br>TALLAHASSEE, FL 32312<br><input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                                                                                          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | MGRM<br>MATHEWS, KIM<br>2424 ALLEN ROAD<br>TALLAHASSEE, FL 32312<br><input type="checkbox"/> Delete      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                                                                                          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | MGRM<br>PRIMARY MEANS LLC<br>2424 ALLEN ROAD<br>TALLAHASSEE, FL 32312<br><input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                                                                                          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                                                                                          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                                                                                          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                                                                                          |  |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 606, Florida Statutes. |                                                                                                          |                                                                                   |                                                                   |                                                                                          |  |
| SIGNATURE:  Kim Matthews 2-7-07 850-898-5232                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                          |                                                                                   |                                                                   |                                                                                          |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>                                                                                                                                                                                                                                                                                                                                                                |                                                                                                          |                                                                                   |                                                                   |                                                                                          |  |