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COVER LETTER

Division of Corporations SUBJECT: QUESTAMENTE LEARNING CENER, INC. (Name of Corporation) DOCUMENT NUMBER: P06000083279 The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. Please return all correspondence concerning this matter to the following: William J. Schifino, Esq. (Name of Contact Person) Williams Schifino Mangione & Steady, P.A. (Firm/Company) One Tampa City Center, Ste. 3200 (Address) Tampa, Florida 33602 (City/State and Zip Code) For further information concerning this matter, please call: William J. Schifino, Esq. (Name of Contact Person) Enclosed is a \$35.00 check made payable to the Department of State. Mailing Address: **Street Address:** Amendment Section **Amendment Section** Division of Corporations **Division of Corporations** Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301

TO:

Amendment Section

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this nge is submitted for a corporation organized under the laws of the State of Florida r to change its registered office or registered agent, or both, in the State of Florida.
1. The name of t	he corporation: QUESTAMENTE LEARNING CENTER, INC.
2. The principal	office address: 2513 W. HILLSBOROUGH AVENUE SUITE 201 TAMPA FL 33614
3. The mailing ac	ddress (if different):
4. Date of incorp	poration/qualification: 06/19/2006 Document number: P06000083279
	street address of the current registered agent and registered office on file with the tment of State:
	Scott W. Fancher, Esq.
	One Tampa City Center, Ste. 2600
	Tampa, Florida 33602
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office.
	William J. Schifino, Esq.
	One Tampa City Center, Ste. 3200
	(P.O. Box NOT acceptable) Tampa, Florida 33602
The street address as changed will	ss of its registered office and the street address of the business office of its registered agent, be identical.
Such change was	s authorized by resolution duly adopted by its board of directors or by an officer so e board, or the corporation has been notified in writing of the change.
Abud (Signatur	PAVID D. CHITESTED PRESIDENT (Printed or typed name and tifle)
l hereby accept i I further agree to of my duties, and document is bein corporation has	the appointment as registered agent and agree to act in this capacity. To comply with the provisions of all statutes relative to the proper and complete performance of all am familiar with and accept the obligation of my position as registered agent. Or, if this ag filed merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change.
(Sign	nature of Registered Agent) (Date)
If signing on bel	nalf of an entity:
William	J. Schifino JR yped or Printed Name)

Make checks payable to Florida Department of State
Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

* * * FILING FEE: \$35.00 * * *