| Current Mai | ling Address: | | | | |
|--|--|---|---|--------|--|
| | TRAL BLVD. FL 32805-8807 | | | | |
| FEI Number | : 59-1353031 | | Certificate of Status Desired: | | |
| Name and A | Address of Current Registered A | gent: | | | |
| GRAY, ERIC 921 SPRING IS ORLANDO, FL | | | | | |
| The above name | d entity submits this statement for the purpose of | changing its registered office or regis | tered agent, or both, in the State of Flo | orida. | |
| SIGNATURE | E: | | | | |
| | Electronic Signature of Registered Age | nt | | [| |
| Officer/Dire | ctor Detail : | | | | |
| Title | Р | Title | ED | | |
| Name | CARPENTER, WALTER | Name | GRAY, ERIC | | |
| Address | 808 W CENTRAL BLVD | Address | 921 SPRING ISLAND WAY | | |
| City-State-Zip: | ORLANDO FL 32805 | City-State-Zip: | ORLANDO FL 32812 | | |
| Title | т | | | | |
| Name | HAGENSICKER, JANICE | | | | |
| Address | 808 W CENTRAL BLVD | | | | |
| | | | | | |

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

SIGNATURE: ERIC GRAY

City-State-Zip: ORLANDO FL 32805

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# 721049

Entity Name: CHRISTIAN SERVICE CENTER FOR CENTRAL FLORIDA, INC.

Current Principal Place of Business:

808 W. CENTRAL BLVD. ORLANDO, FL 32805-8807

Current Mailing Address:

FILED Feb 17, 2022 **Secretary of State** 0564920686CC

No

02/17/2022

EXECUTIVE DIRECTOR

Date

Date