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: THERESA BEACHY

I

Electronic Signature of Signing Officer/Director Detail

#### **DOCUMENT# 740159**

Entity Name: PEACEFUL PATHS, INC.

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

2100 NW 53RD AVENUE, SUITE A GAINESVILLE, FL 32653

## **Current Mailing Address:**

2100 NW 53RD AVENUE, SUITE A GAINESVILLE, FL 32653

## FEI Number: 59-1809014

# Name and Address of Current Registered Agent:

BEACHY, THERESA DR. 2100 N.W. 53RD AVE, SUITE A GAINESVILLE, FL 32653 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	: DR. THERESA BEACHY			01/07/2020	
	Electronic Signature of Registered Agent			Date	
Officer/Director Detail :					
Title	PRESIDENT	Title	EXECUTIVE DIRECTOR		
Name	WILLIAMS, LYN	Name	BEACHY, THERESA DR.		
		Address	2100 NW 53RD AVE, SUITE A		
City-State-Zip:		City-State-Zip:	GAINESVILLE FL 32653		
Title Name Address City-State-Zip:	S BURNS, PAM 9127 SW 52 AVE D-102 GAINESVILLE FL 32608	Title Name Address City-State-Zip:	TREASURER STUMPFF, BRAD 2331 NW 13TH STREET GAINESVILLE FL 32609		
Title Name Address City-State-Zip:	VP CARTER, MICHELLE 3829 NW 36TH STREET GAINESVILLE FL 32605				

01/07/2020 DIRECTOR OF FINANCE

FILED Jan 07, 2020 Secretary of State 8944139780CC

Certificate of Status Desired: No

Date