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			01/30/2015	
	Electronic Signature of Registered Agent			Date	
Officer/Director Detail :					
Title	P	Title	PP		
Name	HOFFMAN, LESLIE	Name	POE, LAUREN		
Address	8739 SW 74TH PL	Address	2001 NW 21ST STREET		
City-State-Zip:	GAINESVILLE FL 32608	City-State-Zip:	GAINESVILLE FL 32605		
Title	т	Title	VP		
Name	BURNS, PAM	Name	WARREN, BARRY		
Address	303 SW 140TH TERRACE	Address	830 EDWARDS RD		
City-State-Zip:	GAINESVILLE FL 32669	City-State-Zip:	STARKE FL 32091		
Title Name Address	ED BEACHY, THERESA DR. 2100 NW 53RD AVE, SUITE A	Title Name Address	S RUSSELL, JUDY PO BOX 117000		
City-State-Zip:	GAINESVILLE FL 32653	City-State-Zip:	GAINESVILLE FL 32611		

01/30/2015 EXECUTIVE DIRECTOR

Certificate of Status Desired: Yes

Date

# FILED Jan 30, 2015 Secretary of State CC9335034587