I hereby certify that the information indicated on this report or supplemental report is true and accurate	ate 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 execu	ute this report as required by Chapter 617, Florida Statut	es; and that my name appears
above, or on an attachment with all other like empowered.		
SIGNATURE MANDY BURKE	PRESIDENT	03/07/2019

PRESIDENT

SIGNATURE: MANDY BURKE

Electronic Signature of Signing Officer/Director Detail

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

1278 CEDAR CENTER DR TALLAHASSEE, FL 32301

DOCUMENT# N01254

Current Mailing Address:

1278 CEDAR CENTER DR TALLAHASSEE, FL 32301

FEI Number: 26-392608

Name and Address of C

BURKE, MANDY 1278 CEDAR CENTER DR. TALLAHASSEE, FL 32301 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:

Electronic Signature of Registered Agent

Officer/Director Detail :

Title	PD	Title	V
Name	BURKE, MANDY	Name	SEALEY, BRANDI
Address	1278 CEDAR CENTER DR	Address	1245 CEDAR CENTER DR
City-State-Zip:	TALLAHASSEE FL 32301	City-State-Zip:	TALLAHASSEE FL 32301

37	Certificate of Status Desired: No
Current Registered Agent:	
<u>c</u>	

FILED Mar 07, 2019 Secretary of State 7635461708CC

Date

Date