#### 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.

D

#### SIGNATURE: CHARLENE FRANCIS

Electronic Signature of Signing Officer/Director Detail

### DOCUMENT# N0400005754

Entity Name: ANGELIC ADOPTIONS, INC.

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

1122 THIRD STREET SUITE 8 NEPTUNE BEACH, FL 32266

### **Current Mailing Address:**

P.O. BOX 51246 JACKSONVILLE BEACH, FL 32240-1246

# FEI Number: 20-5875492

#### Name and Address of Current Registered Agent:

SARDARI, LUDMILA A 1122 THIRD STREET SUITE 8 NEPTUNE BEACH, FL 32266 US

# FILED Apr 10, 2017 Secretary of State CC1580155986

Certificate of Status Desired: No

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:

Date Electronic Signature of Registered Agent **Officer/Director Detail :** 

Title	D	Title	D
Name	FRANCIS, CHARLENE	Name	SARDARI, LUDMILA A
Address	P.O. BOX 51246	Address	P.O. BOX 51246
City-State-Zip:	JACKSONVILLE BEACH FL 32240- 1246	City-State-Zip:	JACKSONVILLE BEACH FL 32240- 1246
Title	D		
Title Name	D ADKINS, JULIA A		