|                           | H CREEKSHORE COURT<br>N, FL 33498 US                          |                             |   |      |
|---------------------------|---|-----------------------------|---|------|
| The above nam             | ned entity submits this statement for the purpose of changing | its registered office or re | gistered agent, or both, in the State of Florid | a.   |
| SIGNATUF                  | RE:   |                             |   |      |
|                           | Electronic Signature of Registered Agent                      |                             |   | Date |
| Officer/Director Detail : |   |                             |   |      |
| Title                     | ED  | Title                       | D   |      |
| Name                      | FISCHER, MICHAEL  | Name                        | DELCARPIO, ROCIO                                |      |
| Address                   | 19234 SOUTH CREEKSHORE COURT                                  | Address                     | 19234 SOUTH CREEKSHORE CC                       | URT  |

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. 01/13/2014 SIGNATURE: MICHAEL FISCHER EXECUTIVE DIRECTOR

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT# N06000012006

Entity Name: DROPS OF HOPE, INC.

# **Current Principal Place of Business:**

19234 SOUTH CREEKSHORE COURT BOCA RATON, FL 33498

# **Current Mailing Address:**

19234 SOUTH CREEKSHORE COURT BOCA RATON, FL 33498 US

## FEI Number: 20-5934734

### Name and Address of Current Registered Agent:

FISCHER, MICHAEL 19234 BOCA

Certificate of Status Desired: No

19234 SOUTH CREEKSHORE COURT Address City-State-Zip: BOCA RATON FL 33498

Date

Electronic Signature of Signing Officer/Director Detail

#### Title Name

City-State-Zip: BOCA RATON FL 33498