| Entity Name: NATIONAL TRANSREGIONAL ACCREDITING ASSOCIATION COUNCIL, INC. | Secretary of State<br>4265522525CC |
|---|------------------------------------|
| Current Principal Place of Business:                                      |                                    |
| 4790 LALOLA AVE   |                                    |
| SOUTH MIAMI, FL 32113   |                                    |
| Current Mailing Address:  |                                    |
| 18635 N. W. 17TH AVENUE<br>SUITE 1  |                                    |
| MIAMI, FL 33056 US  |                                    |
|   |                                    |
|   | ate of Status Desired: No          |
| Name and Address of Current Registered Agent:                             |                                    |
| YVES, CORDON M  |                                    |
| 5644 ARTHUR STREET  |                                    |

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                 | : YVES CORDON                            |                 |                   | 04/28/2023 |
|---------------------------|--|-----------------|-------------------|------------|
|                           | Electronic Signature of Registered Agent |                 |                   | Date       |
| Officer/Director Detail : |  |                 |                   |            |
| Title                     | CHAIRMAN                                 | Title           | TR                |            |
| Name                      | POORLY, GEORGES DR.                      | Name            | HARVEY, CHRIS DR. |            |
| Address                   | 3514 LONDONDERY BLVD                     | Address         | 2006 TROON STREET |            |
| City-State-Zip:           | ORLANDO FL 32808                         | City-State-Zip: | ORLANDO FL 32806  |            |

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: HARVEY, CHRIS, DR

HC

**FILED** Apr 28, 2023

Electronic Signature of Signing Officer/Director Detail

## 2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT# N0800003211

HOLLYWOOD, FL 33056 US