JACKSONVILLE, FL 32217				
Current Mai	ling Address:			
P. O. BOX 4	1201			
JACKSONV	LLE,, FL 32203 US			
FEI Number: 26-2750344			Certificate of Status Desired: No	
Name and Address of Current Registered Agent:				
RICHTERS, PATRICIA D 4870 BRIGHTON DR JACKSONVILLE, FL 32217 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	E: PATRICIA RICHTERS			02/05/2021
SIGNATURE	Electronic Signature of Registered Agent			02/05/2021 Date
SIGNATURE Officer/Dire	Electronic Signature of Registered Agent			
	Electronic Signature of Registered Agent	Title	SEC	
Officer/Dire	Electronic Signature of Registered Agent	Title Name	SEC PARIKH, KAVITA	
Officer/Dire	Electronic Signature of Registered Agent ctor Detail : PRES			
Officer/Dire Title Name	Electronic Signature of Registered Agent ctor Detail : PRES BACCHUS, APRIL PO BOX 41201	Name	PARIKH, KAVITA	
Officer/Dire Title Name Address	Electronic Signature of Registered Agent ctor Detail : PRES BACCHUS, APRIL PO BOX 41201	Name Address	PARIKH, KAVITA P.O. BOX 41201	
Officer/Dire Title Name Address City-State-Zip:	Electronic Signature of Registered Agent ctor Detail : PRES BACCHUS, APRIL PO BOX 41201 JACKSONVILLE FL 32203	Name Address City-State-Zip:	PARIKH, KAVITA P.O. BOX 41201 JACKSONVILLE FL 32203	
Officer/Dire Title Name Address City-State-Zip: Title	Electronic Signature of Registered Agent ctor Detail : PRES BACCHUS, APRIL PO BOX 41201 JACKSONVILLE FL 32203 VP	Name Address City-State-Zip: Title	PARIKH, KAVITA P.O. BOX 41201 JACKSONVILLE FL 32203 TRES	

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: HOLLY MCNALLY

TREASURER

02/05/2021

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# N08000003484

Entity Name: WOMEN'S TRANSPORTATION SEMINAR OF NORTHEAST FLORIDA CORPORATION

Current Principal Place of Business:

4870 BRIGHTON DR

FILED Feb 05, 2021 **Secretary of State** 8307687947CC

Date