The above named	d entity submits this statement for the purpose of changing its r	egistered office or regis	tered agent, or both, in the State of Florida	
SIGNATURE:				
	Electronic Signature of Registered Agent			Date
Officer/Dire	ctor Detail :			
Title	Ρ	Title	V	
Name	SCHRAUT, GARY	Name	HARRIS, TINA	
Address	200 SOUTH MONROE STREET	Address	200 SOUTH MONROE STREET	
City-State-Zip:	TALLAHASSEE FL 32301	City-State-Zip:	TALLAHASSEE FL 32301	
Title	ST			
Name	MOREIRA, STEVE			
Address	200 SOUTH MONROE STREET			
City-State-Zip:	TALLAHASSEE EL 32301			

Name and Address of Current Registered Agent:

GARRISON, DAVID B 7025 AUGUSTA NATIONAL DRIVE ORLANDO, FL 32822-5017 US

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: GARY SCHRAUT

Entity Name: COUNCIL FOR STRONGER NEIGHBORHOODS, INC.

Current Principal Place of Business:

200 SOUTH MONROE STREET TALLAHASSEE, FL 32301-1824

Current Mailing Address:

P O BOX 725025 ORLANDO, FL 32872-5025 US

FEI Number: 26-3184848

DOCUMENT# N0800007684

Certificate of Status Desired: No

PRESIDENT

04/30/2015 Date

FILED Apr 30, 2015 Secretary of State CC3279598335

Electronic Signature of Signing Officer/Director Detail

Title	ST
Name	MOREIRA, STEVE
Address	200 SOUTH MONROE STREET
City-State-Zip:	TALLAHASSEE FL 32301