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: KATHI M. VAUGHN-MALPRESS, ED.D.

Electronic Signature of Signing Officer/Director Detail

Entity Name: THE OPTIMUS LITERACY INSTITUTE OF AMERICA,
INCORPORATED

Current Principal Place of Business:

10952 COPPER HILL DR. JACKSONVILLE, FL 32218

Current Mailing Address:

DOCUMENT# N08000011428

P.O. BOX 23334 MANDARIN, FL 32241 US

FEI Number: 37-1576989

Name and Address of Current Registered Agent:

VAUGHN-MALPRESS, KATHI M 10952 COPPER HILL DR. JACKSONVILLE, FL 32218 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:

Electronic Signature of Registered Agent

Officer/Director Detail :

Title	PCEO	Title	D		
Name	VAUGHN-MALPRESS, KATHI M	Name	ARNOLD, JOSETTA		
Address	P.O. BOX 23334	Address	P. O. BOX 26629		
City-State-Zip:	MANDARIN FL 32241	City-State-Zip:	JACKSONVILLE FL 32226		

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Certificate of Status Desired: Yes

Date

04/29/2017

FILED Apr 29, 2017 Secretary of State CC0399630173

Date

FOUNDER, PRESIDENT &

CEO