| Current Pri | ncipal Place of Business: | | | |
|--|---|------------------------|---|------|
| 3330 NW 9TH \$ | STREET | | | |
| FORT LAUDER | RDALE, FL 33311 | | | |
| | | | | |
| Current Mai | iling Address: | | | |
| 3330 NW 9T | TH STREET | | | |
| FORT LAUD | DERDALE, FL 33311 US | | | |
| | | | | |
| FEI Number: 27-3083888 | | | Certificate of Status Desired | : No |
| Name and Address of Current Registered Agent: | | | | |
| CASTON, PAM | | | | |
| 3330 NW 9TH STREET FORT LAUDERDALE, FL 33311 US | | | | |
| | | | | |
| The above name | d entity submits this statement for the purpose of changing its reg | istered office or regi | stered agent, or both, in the State of Florida. | |
| SIGNATURE | E: | | | |
| Electronic Signature of Registered Agent | | | | Date |
| Officer/Dire | ctor Detail : | | | |
| Onicendire | | | | |
| | Р | Title | VP | |
| Title | 1 | | | |

Address

City-State-Zip:

303 NORTH RIVERSIDE DRIVE

POMPANO BEACH FL 33062

APT.#1003

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: PAMELA S CASTON

PRESIDENT

05/30/2020 Date

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# N0900008154

Entity Name: THE FAMILY PRESERVATION PROJECT OF SOUTH FLORIDA, INC.

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Address

3330 NW 9TH STREET

City-State-Zip: FORT LAUDERDALE FL 33311

FILED May 30, 2020 Secretary of State 6194055122CC