Entity Name: NO KILL NATION, INC.			Secretary of State CC4623444959		
2521 NE 43RD	ncipal Place of Business: STREET POINT, FL 33064		CC462344	+4959	
Current Mai	ling Address:				
P.O. BOX 10 LIGHTHOUS	)7 SE POINT, FL 33064 US				
FEI Number: 27-2918023 Cert			Certificate of Status Desire	d: No	
Name and A	ddress of Current Registered Agent:				
ACCOUNTINGALLY 312 SE 17TH ST SUITE 301 FT LAUDERDALE, FL 33316 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.					
The above hamee	renuty submits this statement for the purpose of changing its regis	stered office or regis	tered agent, or both, in the State of Florida	Э.	
	: JOAO H GOMES, CPA	stered office or regis	<b>C</b>	a. )4/13/2017	
		stered office or regis	<b>C</b>		
SIGNATURE	EI JOAO H GOMES, CPA Electronic Signature of Registered Agent	stered office or regis	<b>C</b>	4/13/2017	
	EI JOAO H GOMES, CPA Electronic Signature of Registered Agent	Title	<b>C</b>	4/13/2017	
SIGNATURE	E: JOAO H GOMES, CPA Electronic Signature of Registered Agent Ctor Detail :		C	4/13/2017	
SIGNATURE Officer/Direc Title	E: JOAO H GOMES, CPA Electronic Signature of Registered Agent Ctor Detail : DPS	Title	DVP	4/13/2017	
SIGNATURE Officer/Direc Title Name	E: JOAO H GOMES, CPA Electronic Signature of Registered Agent Ctor Detail : DPS DAY, DEBRA M 2521 NE 43RD STREET	Title Name	DVP SANTOMERO, CATHERINE B 7842 BUCCANEER DRIVE	4/13/2017	
SIGNATURE Officer/Direc Title Name Address	E: JOAO H GOMES, CPA Electronic Signature of Registered Agent Ctor Detail : DPS DAY, DEBRA M 2521 NE 43RD STREET	Title Name Address	DVP SANTOMERO, CATHERINE B 7842 BUCCANEER DRIVE	4/13/2017	
SIGNATURE Officer/Direc Title Name Address City-State-Zip:	E: JOAO H GOMES, CPA Electronic Signature of Registered Agent Ctor Detail : DPS DAY, DEBRA M 2521 NE 43RD STREET LIGHTHOUSE POINT FL 33064	Title Name Address	DVP SANTOMERO, CATHERINE B 7842 BUCCANEER DRIVE	4/13/2017	
SIGNATURE Officer/Direc Title Name Address City-State-Zip: Title	E: JOAO H GOMES, CPA Electronic Signature of Registered Agent Ctor Detail : DPS DAY, DEBRA M 2521 NE 43RD STREET LIGHTHOUSE POINT FL 33064 DT	Title Name Address	DVP SANTOMERO, CATHERINE B 7842 BUCCANEER DRIVE	4/13/2017	
SIGNATURE Officer/Direc Title Name Address City-State-Zip: Title Name	E: JOAO H GOMES, CPA Electronic Signature of Registered Agent Ctor Detail : DPS DAY, DEBRA M 2521 NE 43RD STREET LIGHTHOUSE POINT FL 33064 DT ALFONSO, BERNARDO LUIS 9555 SOUTHWEST 42ND STREET	Title Name Address	DVP SANTOMERO, CATHERINE B 7842 BUCCANEER DRIVE	4/13/2017	
SIGNATURE Officer/Direc Title Name Address City-State-Zip: Title Name Address	E: JOAO H GOMES, CPA Electronic Signature of Registered Agent Ctor Detail : DPS DAY, DEBRA M 2521 NE 43RD STREET LIGHTHOUSE POINT FL 33064 DT ALFONSO, BERNARDO LUIS 9555 SOUTHWEST 42ND STREET	Title Name Address	DVP SANTOMERO, CATHERINE B 7842 BUCCANEER DRIVE	4/13/2017	

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: DEBRA M DAY	DPS

Electronic Signature of Signing Officer/Director Detail

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N1000006271

FILED Apr 13, 2017

Secretary of State