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: NATALIE Y. MITCHELS

Electronic Signature of Signing Officer/Director Detail

304 W WATERS AVE **TAMPA FL 33604**

Entity Name: PROJECT RETURN, INC.

Current Principal Place of Business:

FEI Number: 59-2612753

Current Mailing Address:

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

MITCHELS, NATALIE 304 WEST WATERS AVE TAMPA FL 33604 US

DOCUMENT# N10893

304 W WATERS AVE TAMPA FL 33604

Certificate of Status Desired: Yes

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:

Officer/Director Detail : Title STD Title MD ADAMS, DEBORAH Name Name MITCHELS, NATALIE 170 E. BLOOMINGDALE AVE. Address 303 WEST WATERS AVE Address City-State-Zip: TAMPA FL 33604 City-State-Zip: BRANDON FL 33511 Title PD Title D Name KURTZMAN, ROBIN PRESTON, MARIE Name Address 8218 RIVER BOAT DRIVE Address 1057 S. CLEARVIEW AVENUE TAMPA FL 33637 City-State-Zip: City-State-Zip: TAMPA FL 33629

FILED Jan 18, 2018

Date

Secretary of State CC2217097158

Date

01/18/2018

EXECUTIVE DIRECTOR