| 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: MICHELLE DUKES | PD | 05/01/2014 | | |

| SIGNATURE [,] MI | CHELLE DUKES |
|---------------------------|--------------|
| | |

Entity Name: HEART TO HEART COMMUNITY DEVELOPMENT CORPORATION I, INC

Current Principal Place of Business:

1591 SE PORT SAINT LUCIE BLVD PORT SAINT LUCIE, FL 34952

Current Mailing Address:

2574 SW CHESTNUT LANE PORT SAINT LUCIE, FL 34953 US

FEI Number: 20-4906851

Name and Address of Current Registered Agent:

DUKES, MICHELLE B 2574 SW CHESTNUT LANE PORT SAINT LUCIE, FL 34953 US

FILED May 01, 2014 Secretary of State CC1913497767

Certificate of Status Desired: No

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 :

| Officer/Direc | ctor Detail : | | |
|-----------------|---------------------------|-----------------|---------------------------|
| Title | CEO | Title | PD |
| Name | DUKES, CLAUDE JR | Name | DUKES, MICHELLE B |
| Address | 2574 SW CHESTNUT LANE | Address | 2574 SW CHESTNUT LANE |
| City-State-Zip: | PORT SAINT LUCIE FL 34953 | City-State-Zip: | PORT SAINT LUCIE FL 34953 |
| Title | VP | Title | VP |
| Name | GILES, QUINCEY | Name | UPPERDITE, ROBNET |
| Address | 4841 NW 17TH STREET | Address | 4301 NW 45TH TERRACE |
| City-State-Zip: | LAUDERHILL FL 33313 | City-State-Zip: | LAUDERDALE LAKES FL 33309 |
| Title | S | | |
| Name | FARRO-GRAHAM, ANDREA C | | |
| Address | 586 SW LAKEHURST DRIVE | | |
| City-State-Zip: | PORT SAINT FL 34983 | | |

Electronic Signature of Signing Officer/Director Detail

Date