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.

PRESIDENT

SIGNATURE: EDITH PAGONI	
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Electronic Signature of Signing Officer/Director Detail

# DOCUMENT# N11000005269

### Entity Name: "KNEADS" A FRESH VISION FOR SPECIAL EDUCATION, INC.

### Current Principal Place of Business:

5060 NORTH BEACH ROAD UNIT 302 ENGLEWOOD, FL 34223

## **Current Mailing Address:**

5060 N BEACH RD UNIT 302 ENGLEWOOD, FL 34223

# FEI Number: 90-0625324

# Name and Address of Current Registered Agent:

PAGONI, EDITH 5060 N BEACH RD UNIT 302 ENGLEWOOD, FL 34223 US Secretary of State CC6019361088

Date

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:

Electronic Signature of Registered Agent

### Officer/Director Detail :

Officer/Director Detail :					
Title	Р	Title	V		
Name	PAGONI, EDITH	Name	STUART, MICHAEL		
Address	7818 ASHTON ROAD	Address	8004 WILFREDO COURT		
City-State-Zip:	NAPLES FL 34113	City-State-Zip:	NAPLES FL 34114		
Title	S	Title	Т		
Name	LENTIS, JAN E	Name	BYERS, PATRICA		
Address	6010 ENGLISH OAKS DRIVE	Address	1459 INDIGO LAKES CIRCLE		
City-State-Zip:	NAPLES FL 34119	City-State-Zip:	NAPLES FL 34119		

Date

04/29/2018

FILED Apr 29, 2018 Secretary of Stat