400 EAST HAR	RISON ST NGS, FL 34689			
Current Mai	ling Address:			
	ARRISON ST PRINGS, FL 34689			
FEI Number: 45-3415505			Certificate of Status Desired: Yes	
Name and A	ddress of Current Registered Agent:			
HYLTON, REX 400 EAST HAR TARPON SPRI				
The above name	l entity submits this statement for the purpose of changing its regi	stered office or regis	tered agent, or both, in the State of Flor	ida.
	d entity submits this statement for the purpose of changing its regi E: REX L. HYLTON	stered office or regis	tered agent, or both, in the State of Flor.	^{ida.} 03/04/2014
		istered office or regis	tered agent, or both, in the State of Flor	
	EIECTRON EIECTRON STATES STATE	istered office or regis	tered agent, or both, in the State of Flor.	03/04/2014
SIGNATURE	EIECTRON EIECTRON STATES STATE	istered office or regis	tered agent, or both, in the State of Flor	03/04/2014
SIGNATURE Officer/Dire	EIECTRON EIECTRON CONTRACTOR CONT			03/04/2014
SIGNATURE Officer/Dire	Electronic Signature of Registered Agent Ctor Detail : VP	Title	P	03/04/2014
SIGNATURE Officer/Dire Title Name	Electronic Signature of Registered Agent Ctor Detail : VP D'ANDREA, LENNY 400 E. HARRISON ST.	Title Name	P CARSON, LINDSAY L	03/04/2014
SIGNATURE Officer/Dire Title Name Address	Electronic Signature of Registered Agent Ctor Detail : VP D'ANDREA, LENNY 400 E. HARRISON ST.	Title Name Address	P CARSON, LINDSAY L 400 E. HARRISON ST.	03/04/2014
SIGNATURE Officer/Dire Title Name Address City-State-Zip:	E REX L. HYLTON Electronic Signature of Registered Agent Ctor Detail : VP D'ANDREA, LENNY 400 E. HARRISON ST. TARPON SPRINGS FL 34689	Title Name Address City-State-Zip:	P CARSON, LINDSAY L 400 E. HARRISON ST. TARPON SPRINGS FL 34689	03/04/2014
SIGNATURE Officer/Dire Title Name Address City-State-Zip: Title	E REX L. HYLTON Electronic Signature of Registered Agent Ctor Detail : VP D'ANDREA, LENNY 400 E. HARRISON ST. TARPON SPRINGS FL 34689 S	Title Name Address City-State-Zip: Title	P CARSON, LINDSAY L 400 E. HARRISON ST. TARPON SPRINGS FL 34689 TREASURER	03/04/2014

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: BRENDA NELSON

TREASURER

03/04/2014 Date

Electronic Signature of Signing Officer/Director Detail

Entity Name: TARPON FUNDAMENTAL EDUCATION FOUNDATION, INC.

Current Principal Place of Business:

FILED Mar 04, 2014 Secretary of State CC6347985862