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.

Electronic Signature of Signing Officer/Director Detail

SIGNATURE: ROBERTA C BLANCHARD

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 :**

Title	P TD	Title	VP D	
Name	BLANCHARD, ROBERTA C	Name	DRAPP, KATHLEEN A	
Address	P.O. BOX 4191	Address	P.O. BOX 4191	
City-State-Zip:	BRANDON FL 33509	City-State-Zip:	BRANDON FL 33509	
Title	SD			
Title Name	S D DAOUST, JANET M			
	-			
Name	DAOUST, JANET M			

# BRANDON, FL 33511 **Current Mailing Address:**

526 WYNNWOOD DR

P.O. BOX 4191 BRANDON, FL 33509

**Current Principal Place of Business:** 

# FEI Number: 46-0531983

### Name and Address of Current Registered Agent:

BLANCHARD, ROBERTA C 526 WYNNWOOD DR BRANDON, FL 33511 US

Entity Name: QUALITY LIFE BY EDUCATION AND RESEARCH INC.

#### FILED Apr 19, 2019 Secretary of State 1973137514CC

Certificate of Status Desired: No

PRESIDENT

Date

Date