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 [,] RADONDA DOBBINS	OWNER	04/30/2019	

SIGNATURE: RADONDA DOBBINS

Electronic Signature of Signing Officer/Director Detail

Ti Ν Α С Ti N Address ONALD REAGAN BLVD 132 City-State-Zip: LONGWOOD FL 32750

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	Electronic Signature of Registered Agent		
Officer/Dire	ctor Detail :		
Title	PRESIDENT	Title	DIRECTOR
Name	DOBBINS, RADONDA	Name	FITTER, MARA
Address	18507 TUNBRIDGE ST	Address	513 TULANE DRIVE
City-State-Zip:	ORLANDO FL 32833	City-State-Zip:	ALTAMONTE SPRINGS FL 32714
Title	DIRECTOR		
Name	DOBBINS, SYLVIA		
Address	254 RONALD REAGAN BLVD		

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:

Name and Address of Current Registered Agent:

Current Mailing Address:

18507 TUNBRIDGE ST ORLANDO, FL 32833

18507 TUNBRIDGE ST

ORLANDO, FL 32833

DOCUMENT# N13000004874

Current Principal Place of Business:

FEI Number: 46-2967125

DOBBINS, RADONDA 18507 TUNBRIDGE ST

ORLANDO, FL 32833 US

Entity Name: HOME EDUCATORS' NETWORK OF CENTRAL FLORIDA INC.

FILED Apr 30, 2019 Secretary of State 9890812397CC

Certificate of Status Desired: No

Date

Date

OWNER