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: I ISABEL RODRIGUEZ

Electronic Signature of Signing Officer/Director Detail

Address	16499 NE 19TH AVENUE SUITE 107N	Address	16499
Name	MOJICA, MARIA A	Name	MOJI
The	D	THUE	D

Officer/Director Detail :

SIGNATURE:

Title	D	Title	D		
Name	RODRIGUEZ, I ISABEL	Name	JONES, STANLEY		
Address	16499 NE 19TH AVENUE SUITE 107N	Address	16499 NE 19TH AVENUE SUITE 107N		
City-State-Zip:	NORTH MIAMI BEACH FL 33162	City-State-Zip:	NORTH MIAMI BEACH FL 33162		
Title	D	Title	D		
Title Name	D MOJICA, MARIA A	Title Name	D MOJICA, MARIA I		
Name	MOJICA, MARIA A	Name	MOJICA, MARIA I		

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.

FEI Number: 46-5107319

Name and Address of Current Registered Agent:

RODRIGUEZ, I ISABEL 16499 NE 19TH AVENUE SUITE 107N NORTH MIAMI BEACH, FL 33162 US

NORTH MIAMI BEACH. FL 33162

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: NONPROFITORGANIZATIONGROUP INC.

Current Principal Place of Business:

16499 NE 19TH AVENUE SUITE 107N

P.O BOX 600711 NORTH MIAMI BEACH. FL 33162 US

Current Mailing Address:

Electronic Signature of Registered Agent

Certificate of Status Desired: Yes

FILED Apr 30, 2015 Secretary of State CC4806189616

Date

04/30/2015 Date

PRESIDENT