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: IMAN ALLEYNE

Electronic Signature of Signing Officer/Director Detail

Officer/Director Detail : Title Ρ Title VP ALLEYNE, IMAN Name ALLEYNE, JAMAAL Name 208 E HEMINGWAY CIR Address Address City-State-Zip: MARGATE FL 33063 City-State-Zip:

SEC

PALMER, YANIQUE

TAMARAC FL 33309

6701 BROOKWOOD 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.

Title

Name

Address

City-State-Zip:

SIGNATURE:

Entity Name: KIND ACADEMY CORPORATION

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

208 E HEMINGWAY CIRCLE MARGATE, FL 33063

Current Mailing Address:

208 E HEMINGWAY CIRCLE MARGATE, FL 33063 UN

FEI Number: 81-5152208

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

ALLEYNE, IMAN 208 E HEMINGWAY CIR MARGATE, FL 33063 US 2286103837CC

Certificate of Status Desired: No

208 E HEMINGWAY CIR MARGATE FL 33063

04/05/2019

Date

Date

FILED Apr 05, 2019 Secretary of State