PO BOX 350 JAX, FL 32				
FEI Number: APPLIED FOR			Certificate of Status Des	ired: No
Name and A	Address of Current Registered Agent:			
ANDERSON, S 10990 FORT C. #350506 JAX, FL 32235	AROLINE ROAD			
The above name	d entity submits this statement for the purpose of changing its	registered office or regis	tered agent, or both, in the State of Flo	orida.
SIGNATURE	E: SHERMANDA ANDERSON			05/01/2021
	Electronic Signature of Registered Agent			Date
Officer/Dire	ctor Detail :			
Title	Р	Title	ADV	
Name	ANDERSON, SHERMANDA	Name	RAMSAY, ALEXANDER	
Address	PO BOX 350506	Address	PO BOX 350506	
City-State-Zip:	JAX FL 32235	City-State-Zip:	JAX FL 32235	

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: SHERMANDA ANDERSON

PRESIDENT

05/01/2021

Electronic Signature of Signing Officer/Director Detail

## FILED May 01, 2021 Secretary of State 6778324761CC

**Current Principal Place of Business:** 1001 MAYPORT ROAD #331156 ATLANTIC BEACH, FL 32233

DOCUMENT# N17000006586

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: REHABILITATION EDUCATION FOUNDATION, INC.

## **Current Mailing Address:**