2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N1800000105

Entity Name: BACKPACKS 4 VETS, INC.

Current Principal Place of Business:

5209 CLEVELAND ST. HOLLYWOOD, FL 33021

Current Mailing Address:

5209 CLEVELAND ST. HOLLYWOOD, FL 33021

FEI Number: 82-4509226

Name and Address of Current Registered Agent:

LABANCA, NICHOLAS 5209 CLEVELAND ST. HOLLYWOOD, FL 33021 US FILED Apr 17, 2020 Secretary of State 8881735985CC

Date

Certificate of Status Desired: No

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 | D | Title | TRUS |
|-----------------|-------------------------|-----------------|---------------------|
| Name | LABANCA, NICHOLAS | Name | LABANCA, NICHOLAS |
| Address | 5209 CLEVELAND ST. | Address | 5209 CLEVELAND ST. |
| City-State-Zip: | HOLLYWOOD FL 33021 | City-State-Zip: | HOLLYWOOD FL 33021 |
| Title | D | Title | D |
| Name | LABANCA, DARLENE | Name | STRACENER, KRISTINA |
| Address | 5209 CLEVELAND ST. | Address | 2495 DELBARTON AVE. |
| City-State-Zip: | HOLLYWOOD FL 33021 | City-State-Zip: | DELTONA FL 32725 |
| Title | D | | |
| Name | CIPRIANI, LORRAINE | | |
| Address | 20189 NW 10 ST. | | |
| City-State-Zip: | PEMBROKE PINES FL 33029 | | |

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: DARLENE LABANCA

OFFICER

Electronic Signature of Signing Officer/Director Detail

Date