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: MURIELLE GREY

I

City-State-Zip: JACKSONVILLE FL 32225

Electronic Signature of Signing Officer/Director Detail

**Officer/Director Detail :** Tit Na S, MORRIS Ad Citv Titl

## Electronic Signature of Registered Agent

Title	P/D	Title	S/D
Name	GREY, MURIELLE	Name	CUMMINGS
Address	1738 HIDDEN FOREST LN	Address	3118 ALBAT
City-State-Zip:	JACKSONVILLE FL 32225	City-State-Zip:	JACKSONV
Title	T/D		
Name	JOCELYN, JACQUELINE		
Address	12354 YORK HARBOR DR.		

### 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:

1738 HIDDEN FOREST LN JACKSONVILLE, FL 32225 US

**Current Principal Place of Business:** 

# FEI Number: 83-1656101

**Current Mailing Address:** 

DOCUMENT# N1800008765

1738 HIDDEN FOREST LN JACKSONVILLE, FL 32225

### Name and Address of Current Registered Agent:

GREY, MURIELLE 1738 HIDDEN FOREST LN JACKSONVILLE, FL 32225 US

Entity Name: SOLUTION ASSOCIATION FOR ENRICHMENT, INC.

#### FILED May 13, 2019 Secretary of State 8057207646CC

Certificate of Status Desired: Yes

TROSS CRT LN VILLE FL 32246

PRESIDENT

05/13/2019

Date

Date