| Entity Name: SENSORY ACADEMY OF LEARNING & TECHNOLOGY INC | | | NC Seci | retary of State 62400827CC |
|--|--|--|---|-------------------------------|
| Current Prin 2 GROVE CT S WINTER HAVE | | | 00 | 02400027CC |
| Current Mai | ling Address: | | | |
| 2 GROVE C WINTER HA | T SE VEN, FL 33884 US | | | |
| FEI Number: 47-4099864 Certificate | | | Certificate of Statu | s Desired: No |
| Name and A | ddress of Current Registered Agent: | | | |
| 2 GROVE CT S | — | | | |
| WINTER HAVE | N, FL 33884 US | | | |
| | N, FL 33884 US | tered office or regis | tered agent, or both, in the St | ate of Florida. |
| The above named | | tered office or regis | tered agent, or both, in the St | ate of Florida. 04/29/2023 |
| The above named | l entity submits this statement for the purpose of changing its regis | tered office or regis | tered agent, or both, in the St | |
| The above named | entity submits this statement for the purpose of changing its regis MARLYNN PATRAY PHARNES Electronic Signature of Registered Agent | tered office or regis | tered agent, or both, in the St | 04/29/2023 |
| The above named | entity submits this statement for the purpose of changing its regis MARLYNN PATRAY PHARNES Electronic Signature of Registered Agent | tered office or regis | tered agent, or both, in the St | 04/29/2023 |
| The above named SIGNATURE Officer/Diree | entity submits this statement for the purpose of changing its regis MARLYNN PATRAY PHARNES Electronic Signature of Registered Agent ctor Detail : | | | 04/29/2023 |
| The above named SIGNATURE Officer/Direc Title | A entity submits this statement for the purpose of changing its regis MARLYNN PATRAY PHARNES Electronic Signature of Registered Agent Ctor Detail : S, PRESIDENT MCMILLAN, BRIANNA SALZMAN 18859 E STATE HIGHWAY | Title | VP | 04/29/2023 |
| The above named SIGNATURE Officer/Dired Title Name Address | entity submits this statement for the purpose of changing its regis MARLYNN PATRAY PHARNES Electronic Signature of Registered Agent ctor Detail : S, PRESIDENT MCMILLAN, BRIANNA SALZMAN | Title Name | VP KLUTENAAR, CATHY | 04/29/2023 Date |
| The above named SIGNATURE Officer/Dired Title Name Address City-State-Zip: | entity submits this statement for the purpose of changing its regis MARLYNN PATRAY PHARNES Electronic Signature of Registered Agent Ctor Detail : S, PRESIDENT MCMILLAN, BRIANNA SALZMAN 18859 E STATE HIGHWAY 105 WEST DEL MONTE CLEWISTON FL 33440 | Title Name Address | VP KLUTENAAR, CATHY 323 1ST ST S | 04/29/2023 Date |
| The above named SIGNATURE Officer/Dired Title Name Address City-State-Zip: Title | A entity submits this statement for the purpose of changing its regis MARLYNN PATRAY PHARNES Electronic Signature of Registered Agent S, PRESIDENT MCMILLAN, BRIANNA SALZMAN 18859 E STATE HIGHWAY 105 WEST DEL MONTE CLEWISTON FL 33440 SECRETARY, TREASURER | Title Name Address City-State-Zip: | VP KLUTENAAR, CATHY 323 1ST ST S WINTER HAVEN FL 33 | 04/29/2023 Date |
| The above named SIGNATURE Officer/Dired Title Name Address City-State-Zip: Title Name | entity submits this statement for the purpose of changing its registered Agent Electronic Signature of Registered Agent Ctor Detail : S, PRESIDENT MCMILLAN, BRIANNA SALZMAN 18859 E STATE HIGHWAY 105 WEST DEL MONTE CLEWISTON FL 33440 SECRETARY, TREASURER DAVIS, MAE | Title Name Address City-State-Zip: Title | VP KLUTENAAR, CATHY 323 1ST ST S WINTER HAVEN FL 33 EXECUTIVE DIRECTOR | 04/29/2023 Date |
| The above named SIGNATURE Officer/Direc Title Name Address City-State-Zip: Title Name Address | A entity submits this statement for the purpose of changing its regis MARLYNN PATRAY PHARNES Electronic Signature of Registered Agent S, PRESIDENT MCMILLAN, BRIANNA SALZMAN 18859 E STATE HIGHWAY 105 WEST DEL MONTE CLEWISTON FL 33440 SECRETARY, TREASURER | Title Name Address City-State-Zip: Title Name | VP KLUTENAAR, CATHY 323 1ST ST S WINTER HAVEN FL 33 EXECUTIVE DIRECTOR PHARNES, MARLYNN 2 GROVE CT SE | 04/29/2023 Date |

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N1900006674

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: MARLYNN PHARNES

EXECUTIVE DIRECTOR 04/29/2023

Electronic Signature of Signing Officer/Director Detail

FILED Apr 29, 2023