I hereby certify that the information indicated on this report or supplemental report is true and accurate	ate and that my electronic signature shall have the same	e legal effect as if made under
oath; that I am an officer or director of the corporation or the receiver or trustee empowered to exec	ute this report as required by Chapter 617, Florida Statu	ites; and that my name appears
above, or on an attachment with all other like empowered.		
SIGNATURE CHERYL PEATS-CLARKE	DIRECTOR	04/03/2024

SIGNATURE: CHERYL PEATS-CLARKE

Electronic Signature of Signing Officer/Director Detail

Officer/Director Detail :

Title	DIRECTOR
Name	PEATS-CLARKE, CHERYL
Address	2303 AVELLINO AVENUE
City-State-Zip:	SAINT CLOUD FL 34771

SIGNATURE: CHERYL PEATS-CLARKE

SAINT CLOUD. FL 34771

Current Principal Place of Business:

Current Mailing Address:

2303 AVELLINO AVENUE

DOCUMENT# N19000011650

2303 AVELLINO AVENUE SAINT CLOUD. FL 34771 US

FEI Number: 84-3597857

Name and Address of Current Registered Agent:

PEATS-CLARKE, CHERYL 2303 AVELLINO AVENUE SAINT CLOUD, FL 34771 US

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.

Electronic Signature of Registered Agent

Title	DIRECTOR
Name	PEATS-CLARKE, CHERYL
Address	2303 AVELLINO AVENUE
City-State-Zip:	SAINT CLOUD FL 34771

Entity Name: MIND RENEWAL TRANSFORMATIONAL CENTRE, INC

FILED Apr 03, 2024 Secretary of State 9976070831CC

Certificate of Status Desired: No

04/03/2024

Date

Date