| | Electronic Signature of Registered Agent | | |
|--------------|--|-------|----|
| Officer/Dire | ctor Detail : | | |
| Title | PD | Title | SD |

| Title | PD | Title | SD |
|-----------------|------------------------------|-----------------|------------------------------|
| Name | GLORIA A. COLEMAN | Name | SUZANNE STANTLEY |
| Address | 11134 STONEWOOD FOREST TRAIL | Address | 11134 STONEWOOD FOREST TRAIL |
| City-State-Zip: | BOYNTON BEACH FL 33473 | City-State-Zip: | BOYNTON BEACH FL 33473 |
| | | | |
| | | | |
| Title | TD | | |
| Title Name | TD MICHELE LACY | | |
| | | | |

FEI Number: 85-1849902

GLORIA A. COLEMAN 11134 STONEWOOD FOREST TRAIL BOYNTON BEACH, FL 33473 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.

DOCUMENT# N20000010056

Entity Name: ALL HEALTH MATTERS FOUNDATION, INC.

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

11134 STONEWOOD FOREST TRAIL BOYNTON BEACH. FL 33473

Current Mailing Address:

11134 STONEWOOD FOREST TRAIL BOYNTON BEACH. FL 33473 US

SIGNATURE:

Name and Address of Current Registered Agent:

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: GLORIA A. COLEMAN

Electronic Signature of Signing Officer/Director Detail

FILED Jul 20, 2021 Secretary of State 3974316013CC

Certificate of Status Desired: No

07/20/2021 Date

Date

PD