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: ANGELA BROWN

Electronic Signature of Signing Officer/Director Detail

Offi Title Nam ΗA 5004 SAUFLEY FIELD RD Address 5878 LAST BIG TREE LANE Address City-State-Zip: PENSACOLA FL 32526 City-State-Zip: PENSACOLA FL 32505

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.

D

MOORER, SHATINA

213 LEEBECK CIRCLE

PENSACOLA FL 32534

Title

I

Name Address

City-State-Zip:

SIGNATURE:					
	Electronic Signature of Registered Agent				
Officer/Director Detail :					
Title	S	Title	т		
Name	BROWN, ANGELA	Name	TOLBERT, LAKYSHA		
Addross		Addross	5004 SALIELEV ELEL		

918 NORTH 59TH AVENUE PENSACOLA, FL 32506 UN

Current Mailing Address:

918 NORTH 59TH AVENUE PENSACOLA, FL 32506

FEI Number: 85-3495313

DOCUMENT# N20000011966

Current Principal Place of Business:

Name and Address of Current Registered Agent:

LEWIS, TARA M 918 NORTH 59TH AVENUE PENSACOLA, FL 32506 US

Entity Name: TRANSITIONING THRU TRAUMA TO TRIUMPH INC

FILED Jan 07, 2022 Secretary of State 1224627644CC

Certificate of Status Desired: No

Date

01/07/2022 Date

MGR