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: SOPHIA D SMART

Electronic Signature of Signing Officer/Director Detail

FEI Number: 87-1915284 Name and Address of Current Registered Agent:

SMART, SOPHIA 3040 SW 5TH ST FORT LAUDERDALE, FL 33312 US

The above named entity submits this statement for the purpose of changing its registered office of r both in the State of Florida. ~:~+

SIGNAT

Officer/

Title	Р	Title	VP
Name	SMART, SOPHIA	Name	DENNIS, CONSTANCE
Address	3040 SW 5TH ST	Address	6310 NW 2ND ST
City-State-Zip:	FORT LAUDERDALE FL 33312	City-State-Zip:	MARGATE FL 33063

named	entity submits this statement for the purpose of changing its	registered office or i	registered agent, or both, in the State of	FIC
URE	:			
	Electronic Signature of Registered Agent			
Direc	ctor Detail :			
	Ρ	Title	VP	
	SMART, SOPHIA	Name	DENNIS , CONSTANCE	

PRESIDENT

03/25/2023 Date

FILED Mar 25, 2023 Secretary of State 2561730698CC

Certificate of Status Desired: No

Date

DOCUMENT# N2100008748

Entity Name: SMART LIFESKILLS AND MENTORING INC.

Current Principal Place of Business:

3040 SW 5TH ST FORT LAUDERDALE, FL 33312

Current Mailing Address:

3040 SW 5TH ST FORT LAUDERDALE. FL 33312 US