oath; that I am an officer or director of the corporation or the receiver or trustee empowered to exe	cute this report as required by Chapter 617, Florid	da Statutes; and that my name appears
above, or on an attachment with all other like empowered.		
SIGNATURE: NICOLE ALLEN	CEO	04/19/2023

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

Electronic Signature of Signing Officer/Director Detail

The above named	entity submits this statement for the purpose of changing its re	gistered office or regis	tered agent, or both, in the State of F	-lorida.
SIGNATURE	: NICOLE C. ALLEN			04/
	Electronic Signature of Registered Agent			
Officer/Direc	ctor Detail :			
Title	CEO	Title	CFO	
Name	ALLEN, NICOLE C	Name	BRINSON, LORRIE	
Address	6142 WILBUR WAY	Address	15415 FEATHER STAR PL	
City-State-Zip:	LAKE WORTH FL 33467	City-State-Zip:	RUSKIN FL 33573	
Title	VP	Title	VP 2	
Name	ALLEN, AVA C	Name	ALLEN, COLBY J	
Address	3900 WOODLAKE BLVD 202	Address	3900 WOODLAKE BLVD 202	
City-State-Zip:	GREENACRES FL 33463	City-State-Zip:	GREENACRES FL 33463	
Title	MEM			
Name	CLARK, EVELYN			
Address	906 NW 4TH STREET			

City-State-Zip: BOYNTON BEACH FL 33435

6142 WILBUR WAY LAKE WORTH, FL 33467 US

### **Current Mailing Address:**

BOYNTON BEACH, FL 33435 US

## FEI Number: 87-2566065

# Name and Address of Current Registered Agent:

GREENACRES, FL 33463

3900 WOODLAKE BLVD

# 202

906 NW 4TH STREET

ALLEN, NICOLE

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Entity Name: ACE FAMILY, INCORPORATED

**Current Principal Place of Business:** 

FILED Apr 19, 2023 Secretary of State 6653181536CC

> 04/19/2023 Date

Certificate of Status Desired: No

Date