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: PAULA D. DECARLO

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# N2200000354

Entity Name: AVATAR NON-PROFIT, INC.

Current Principal Place of Business:

237 N. WESTMONTE DRIVE ALTAMONTE SPRINGS, FL 32714

Current Mailing Address:

237 N. WESTMONTE DRIVE ALTAMONTE SPRINGS, FL 32714 US

FEI Number: 87-4558425

Name and Address of Current Registered Agent:

DECARLO, PAULA 888 BENCHWOOD DRIVE WINTER SPRINGS, FL 32708 US Certificate of Status Desired: Yes

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.

SIGNATURE:

Electronic Signature of Registered Agent

Officer/Director Detail :

Title	Ρ	Title	VP
Name	CHAPPELL, MIKEN	Name	DECARLO, PAULA
Address	237 N. WESTMONTE DRIVE	Address	237 N. WESTMONTE DRIVE
City-State-Zip:	ALTAMONTE SPRINGS FL 32714	City-State-Zip:	ALTAMONTE SPRINGS FL 32714
			_
Title	S	Title	т
Title Name	S RICHARDSON, TINA	Title Name	T RICHARDSON, TINA
			T RICHARDSON, TINA 237 N. WESTMONTE DRIVE
Name	RICHARDSON, TINA	Name	

REG AGENT

04/29/2024

Date

Date