I hereby certify that the information indicated on this report or supplemental report is true and accu	Irate and that my electronic signature shall have the same I	egal effect as if made under
oath; that I am an officer or director of the corporation or the receiver or trustee empowered to exe	ecute this report as required by Chapter 617, Florida Statute	s; and that my name appears
above, or on an attachment with all other like empowered.		
SIGNATURE <sup>,</sup> MAE BRANTI EY	PRESIDENT	03/02/2024

SIGNATURE: MAE BRANTLEY

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# N22000003701

#### Entity Name: PEOPLE SERVING EMPOWERING COMMUNITIES INC.

# **Current Principal Place of Business:**

18701 NW 22ND AVE MIAMI GARDENS, FL 33056

#### **Current Mailing Address:**

P.O. BOX 694804 MIAMI, FL 33269--1804 US

# FEI Number: 88-1776703

# Name and Address of Current Registered Agent:

BRANTLEY, MAE H 18701 NW 22ND AVE MIAMI GARDENS, FL 33056 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.

#### SIGNATURE:

Electronic Signature of Registered Agent

# **Officer/Director Detail :**

Title	Р	Title	VP
Name	BRANTLEY, MAE H	Name	KING, ALEXIS
Address	18701 NW 22ND AVE	Address	19020 NW 8 AVE
City-State-Zip:	MIAMI GARDENS FL 33056	City-State-Zip:	MIAMI GARDENS FL 33169

PRESIDENT

Certificate of Status Desired: No

FILED Mar 02, 2024 Secretary of State 2055131673CC

Date

Date