FEI Numb	per: 59-3426836	Certificate of Status Desired	
Name and	d Address of Current Registered A	Agent:	
MORRIS, DO 2713 GRIFF LADY LAKE			
The above na	med entity submits this statement for the purpose of	of changing its registered office or reg	gistered agent, or both, in the State of Florida.
SIGNATU	RE:		
	Electronic Signature of Registered Ag	ent	
Officer/Di	rector Detail :		
Title	STD	Title	D
Name	MORRIS, DONNA L	Name	WILSON, MARK DR. DVM
Address	2713 GRIFFIN AVE.	Address	P.O. BOX 2319 N/A

Current Mailing Address:

40789 UNCLE DONALDS LANE LADY LAKE, FL 32159

40789 UNCLE DONALDS LANE LADY LAKE. FL 32159

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: DONNA L. MORRIS

Electronic Signature of Signing Officer/Director Detail

DIRECTOR

04/26/2023

FILED Apr 26, 2023 Secretary of State 6535068478CC

of Status Desired: No

Title	STD	Title	D
Name	MORRIS, DONNA L	Name	WILSON, MARK DR. DVM
Address	2713 GRIFFIN AVE.	Address	P.O. BOX 2319 N/A
City-State-Zip:	LADY LAKE FL 32159	City-State-Zip:	BELLEVIEW FL 34421

Date

Date

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N9500004767

Current Principal Place of Business:

Entity Name: THE WILDLIFE CENTER AT UNCLE DONALD'S FARM, INC.