Entity Name: WOMEN OF TOMORROW MENTOR AND SCHOLARSHIP PROGRAM, INC.

Current Principal Place of Business:
22 E. FLAGLER ST.  
6TH FLOOR  
MIAMI, FL 33131

Current Mailing Address:
22 E. FLAGLER ST.  
6TH FLOOR  
MIAMI, FL 33131 US

FEI Number: 65-0862995  
Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:
GREEN, JONATHAN H  
799 BRICKELL PLAZA STE 700  
MIAMI, FL 33131 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
Date

Officer/Director Detail:

Title | DP  
Name | VALOPPI, JENNIFER V  
Address | 22 E. FLAGLER ST., 6TH FLOOR  
City-State-Zip | MIAMI FL 33131

Title | DVP  
Name | BROWNE, DON  
Address | 22 E. FLAGLER ST., 6TH FLOOR  
City-State-Zip | MIAMI FL 33131

Title | DT  
Name | FELDMAN, DONNA  
Address | 6850 SW 92 STREET  
City-State-Zip | MIAMI FL 33156

Title | DIRECTOR  
Name | HOWARD, ELSIE  
Address | 22 E. FLAGLER ST.  
6TH FLOOR  
City-State-Zip | MIAMI FL 33131

Title | DIRECTOR  
Name | DIMARE, SWANEE  
Address | 22 E. FLAGLER ST.  
6TH FLOOR  
City-State-Zip | MIAMI FL 33131

Title | D.S  
Name | SILVERS, LAURIE  
Address | 22 E. FLAGLER ST.  
6TH FLOOR  
City-State-Zip | MIAMI FL 33131

Continues on page 2

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: JENNIFER V VALOPPI  
Electronic Signature of Signing Officer/Director Detail  
Date

Title | PRESIDENT  
Name |  
Address |  
City-State-Zip | 
Date | 03/30/2015

FILED
Mar 30, 2015  
Secretary of State  
CC1282762057
### Officer/Director Detail Continued:

<table>
<thead>
<tr>
<th>Title</th>
<th>DIRECTOR</th>
<th>Title</th>
<th>DIRECTOR</th>
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<tbody>
<tr>
<td>Name</td>
<td>SREBNICK, MARIITA</td>
<td>Name</td>
<td>ROBINSON, TRINA</td>
</tr>
<tr>
<td>Address</td>
<td>22 E. FLAGLER ST. 6TH FLOOR</td>
<td>Address</td>
<td>22 E FLAGLER STREET 6TH FLOOR</td>
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