### 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered. 04/01/2021

PRESIDENT

SIGNATURE: DOLLYMAE M. OLANDER-PRATT

Electronic Signature of Signing Officer/Director Detail

#### **Current Principal Place of Business:** 671 SW 29TH TERR FT LAUDERDALE, FL 33312

Entity Name: THE POWER OF TOUCH ENTERPRISE, INC.

### **Current Mailing Address:**

DOCUMENT# P04000051872

671 SW 29TH TERR FT LAUDERDALE. FL 33312

### FEI Number: 02-0719111

#### Name and Address of Current Registered Agent:

OLANDER-PRATT, DOLLYMAE M 671 SW 29TH TERR FT LAUDERDALE, FL 33312 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:	DOLLYMAE M.	OLANDER-PRATT

### Electronic Signature of Registered Agent

## **Officer/Director Detail :**

Title Ρ Name **OLANDER - PRATT, DOLLYMAE M** Address 671 SW 29TH TERR City-State-Zip: FT LAUDERDALE FL 33312

# FILED Apr 01, 2021 Secretary of State 6734263467CC

Certificate of Status Desired: No

04/01/2021

Date

Date