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.

SIGNATURE: DR TAMECIA SCOTT

Electronic Signature of Signing Officer/Director Detail

<u>2024</u>	FLORIDA PROFIT	CORPORATION	ANNUAL	<u>REPORT</u>

DOCUMENT# P11000060479

Entity Name: CHANCELLOR INSTITUTE, INC

Current Principal Place of Business:

2900 W CYPRESS CREEK RD SUITE 7 FT. LAUDERDALE, FL 33309

Current Mailing Address:

2900 W CYPRESS CREEK RD SUITE 7 FT. LAUDERDALE, FL 33309 US

FEI Number: 46-1786307

Name and Address of Current Registered Agent:

SCOTT, DR TAMECIA 2900 W CYPRESS CREEK RD SUITE 7 FT. LAUDERDALE, FL 33309 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	ATURE: DR TAMECIA SCOTT			02/05/2024	
	Electronic Signature of Registered Agent			Date	
Officer/Director Detail :					
Title	PRESIDENT, CEO	Title	VP		
Name	SCOTT, DR TAMECIA	Name	FORTUNE, VESLY		
Address	2900 W CYPRESS CREEK RD SUITE 7	Address	2900 W CYPRESS CREEK RD SUITE 7		
City-State-Zip:	FT. LAUDERDALE FL 33309	City-State-Zip:	FT. LAUDERDALE FL 33309		

Certificate of Status Desired: Yes

OWNER

FILED Feb 05, 2024 Secretary of State 0516595838CC