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.

CFO

SIGNATURE: NAMI	YU	

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	: JAMIE POMERANZ			02/11/2021		
	Electronic Signature of Registered Agent			Date		
Officer/Director Detail :						
Title	CEO	Title	CFO			
Name	POMERANZ, JAMIE L	Name	YU, NAMI			
Address	13117 SW 6TH AVE	Address	10827 NW 18TH COURT			
City-State-Zip:	NEWBERRY FL 32669	City-State-Zip:	GAINESVILLE FL 32606			

14260 WEST NEWBERRY ROAD

NEWBERRY, FL 32669 US

14260 WEST NEWBERRY ROAD #239 NEWBERRY, FL 32669

Current Mailing Address:

14260 WEST NEWBERRY ROAD #239 NEWBERRY, FL 32669 US

FEI Number: 47-3479364

POMERANZ, JAMIE L

#239

Name and Address of Current Registered Agent:

Entity Name: INSTITUTE OF REHABILITATION EDUCATION AND TRAINING, INC.

Current Principal Place of Business:

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P15000038550

Certificate of Status Desired: No

FILED Feb 11, 2021 Secretary of State 3744560185CC

> 02/11/2021 Date