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: ROLANDE SURPRIS

City-State-Zip: PEMBROKE PINES FL 33026

Electronic Signature of Signing Officer/Director Detail

Officer/Director Detail : Title Nam Addr City-

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.

	Title	СР	Title	S
	Name	SURPRIS, ROLANDE	Name	GUILLAUME, SADORA
	Address	10131 SOUTH VERNON AVE	Address	7421 SEVEN AOK
	City-State-Zip:	CHICAGO IL 60628	City-State-Zip:	NEW ORLEANS LA 70128
	Title	т		
	Name	HYACINTHE, MICHELLE		
	Address	1631 PALMETTO LN		

SIGNATURE: Electronic Signature of Registered Agent

Current Mailing Address:

10131 SOUTH VERNON AVE CHICAGO, IL 60628

10131 SOUTH VERNON AVE CHICAGO, IL 60628

DOCUMENT# F11000005193

Current Principal Place of Business:

FEI Number: 06-1837767

Name and Address of Current Registered Agent:

HYACINTHE, MICHELLE 1631 PALMETTO LN PEMBROKE PINES, FL 33026 US

Entity Name: WE CARE CHARITABLE FOUNDATION, INC.

FILED Apr 23, 2013 Secretary of State CC3081138535

Certificate of Status Desired: No

PRESIDENT

Date

Date