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.

CEO

### SIGNATURE: NORTHERN STAR

City-State-Zip: WEST PALM BEACH FL 33401

Electronic Signature of Signing Officer/Director Detail

319 CLEMATIS STREET STE 810 WEST PALM BEACH, FL 33401 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 Flo	orida.
SIGNATURE: NORTHERN STAR	11,

Electronic Signature of Registered Agent **Officer/Director Detail :** Title Р Title D Name DR. NORTH Name DR. ORION 319 CLEMATIS STREET, STE 810 Address 319 CLEMATIS STREET, STE 810 Address City-State-Zip: WEST PALM BEACH FL 33401 City-State-Zip: WEST PALM BEACH FL 33401 VP Title KIMBERLY MONTGOMERY RES MD Name Address **319 CLEMATIS STREET** 

WEST PALM BEACH, FL 33401

## FEI Number: 47-5249814

## Name and Address of Current Registered Agent:

**Current Mailing Address:** 

803 BOMBAY LANE

2022 FOREIGN NOT FOR PROFIT CORPORATION REINSTATEMENT

### DOCUMENT# F2100002042

Entity Name: CHASTITY CHYLD INCORPORATED

## **Current Principal Place of Business:**

**319 CLEMATIS STREET** STE 810

ROSEWELL, GA 30076 US

# STAR, NORTHERN

FILED Nov 16, 2022 Secretary of State 1195769220CR

> 11/16/2022 Date

Certificate of Status Desired: Yes

11/16/2022

Date