| DOCUMENT # Nº 2000 3675  L'EMPHRE E A.C. H - THE EDUCATOR ASSOCIATION FOR CHICKER'S HOME SCHOOLING INC. R  PROCEEDING OF STATE  FOR CHICKER'S HOME SCHOOLING INC. R  NOW HA MICE ASSOCIATION  NOW HA MICE ASSOCIATION  AND HAS ST.  N. MISHIN FL 33162  PROCEEDING OF BUSINESS  SHARA AR 8. 8C.  DO NOT WHITE N THES BRACE  STATE ASSOCIATION  SO STATE ASSOCIATION  A COLUMN SO COLUMN  | 200  | 0 UNIFORM BUSI   | NESS REPO               | RT (UBI                  | R)                             | FILE   | D                        |  |   |  |
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| 2. Principal Place of Business  2. Principal Place of Business  3. Mailing Address  Suita, April 7. ed.  Suita, Ap | ]  |  |                         | ST,                      | ļ                              |  |                          |  |   |  |
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| Assert Address of Current Registered Agent  To Name and Address of New Registered Agent  To Name and Address of New Registered Agent  C/O LINDA Sagaille - Jeas Surer Start Glove Name   INDA Sagaille - Treasurer  UN NE 165 FT 3316 Z  N. MidMi FT 20 Cade  N. MidMi FT  | // / / / Zip   |  | Zip                     | Country                  |                                |  | <del></del>              |  | -   |  |
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| NOW - How Do years agent is statement for the purpose of phanging its registrate, office or supplemented agent, or both, in the statement for the purpose of phanging its registrate, office or supplemented agent, or both, in the state of Florida.    STORMATURE  |  | -1/4001/ 2013/11/11  | ranker Start            |                          |                                |  | wer                      |  | -   |  |
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| NOK — the Abyrman agent's Name was Shariform N. Mami FL 33162  8. The above named entity submits this statement from the purpose of Paragrang is registed agent, or both, in the state of Florida  SIGNATURE SUMMER AND STATE  |  | N. Missili IL  | 5 5102                  | ,   41                   | NE 16                          | 5 ST. 挺  |                          |  | 1   |  |
| 8. The above named entity submits this datament for the purpose of languing in sequence of control of the purpose of languing in sequence of control of the purpose of languing in sequence of the control of the purpose of languing in sequence of the control of the purpose of languing in sequence of the control of the con |  |  |                         | City                     | W Mign                         | i FL   | Zip Cod                  | e<br>3/(- )  | 7   |  |
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| Trust Fund Contribution.   Added to Fees   Department of State      Added to Fees   Department of State  | 5.5  | Signature, typed or printed name of registered agent ar  | nd title if applicable. | Registered Agent signatu | ure required when reinstating) | DATE   |                          |  |   |  |
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| NAME STREET ADDRESS ST-ZIP  12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.  | CITY-ST-ZIP  | N. Mari FL 3   | ·                       | <del></del>              |                                |  |                          | len  | -   |  |
| STREET ADDRESS ST. ZIP  N. L. ADDRESS ST. ZIP  STREET ADDRESS CITY-ST-ZIP  12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.   |  | 1 2 2021 - 11 11 11  | · I                     |                          | >                              |  | L Change                 | Addition   |   |  |
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|  |  | $\mathcal{L}_{\mathcal{A}}$  | Mano Oh                 | - L                      | INDA SAGI                      | aille 61   | 9/00                     |  |   |  |