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: KIMBERLY A SINEATH

Electronic Signature of Signing Officer/Director Detail

(

City-State-Zip: TALLAHASSEE FL 32301

SIGNATURE:

Officer/Director Detail :				
Title	MR	Title	DIRECTOR	
Name	SHELFER, FRED GJR	Name	SINEATH, KIMBERLY A	
Address	300 MABRY	Address	3519 EASTER STANLEY CT	
City-State-Zip:	TALLAHASSEE FL 32304	City-State-Zip:	TALLAHASSEE FL 32308	
Title	CHAIR			
Name	WELLINGTON, MARY			
Address	217 N. MONROE STREET			

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.

Current Mailing Address:

3519 EASTER STANLEY COURT TALLAHASSEE, FL 32308

DOCUMENT# 731145

3519 EASTER STANLEY CT TALLAHASSEE, FL 32308 US

Current Principal Place of Business:

FEI Number: 59-1553555

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

SHELFER, FRED GJR 300 MABRY STREET TALLAHASSEE, FL 32304 US

Entity Name: DICK HOWSER CENTER FOR CHILDHOOD SERVICES, INC.

FILED Mar 07, 2022 Secretary of State 2029619749CC

Certificate of Status Desired: Yes

Date

Date

SENIOR DIRECTOR

03/07/2022