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. 04/30/2014

SIGNATURE: CHANTEL PRESTON

Electronic Signature of Signing Officer/Director Detail

SIGNATURE:

Officer/Director Detail : Title Ρ Title т PRESTON, CHANTEL HAMPTON, LORETHA Name Name 9 E G H WASHINGTON ST Address 1306 SOUTH HGIGHLAND AVE Address City-State-Zip: APOPKA FL 32703 APOPKA FL 32703 City-State-Zip: Title S Name JEFFERSON, DELINA Address 1564 PARK AVE

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.

APOPKA FL 32703

City-State-Zip:

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

PRESTON, CHANTEL 9 EAST G.H. WASHINGTON STREET APOPKA, FL 32703 US

DOCUMENT# N0700009132

Entity Name: CHANTEL FOSTER CARE HOME INC.

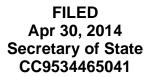
Current Principal Place of Business:

9 EAST G.H. WASHINGTON STREET APOPKA, FL 32703

Current Mailing Address:

9 EAST G.H. WASHINGTON STREET APOPKA, FL 32703 US

FEI Number: 45-0555825



Certificate of Status Desired: No

PRESIDENT

Date

Date