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: ONYEKACHUKWU EZIKE-MKPARU

Name and Address of Current Registered Agent: EZIKE-MKPARU, ONYEKACHUKWU 16128 HUTCHISON ROAD TAMPA, FL 33625 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 Florida.

SIGNATURE:	ONYEKACHUKWU EZIKE-MKPARU

Electronic Signature of Registered Agent

Officer/Director Detail :

DOCUMENT# N09000012063

16128 HUTCHISON ROAD TAMPA, FL 33625

TAMPA, FL 33625

Current Mailing Address: 16128 HUTCHISON ROAD

FEI Number: 27-1540655

Current Principal Place of Business:

TitleONameEZIKE-MKPARU, ONYEKACHUKWUAddress16128 HUTCHISON ROADCity-State-Zip:TAMPA FL 33625

Entity Name: LADY FLORENCE MKPARU MEMORIAL HOUSE OF HOPE INC.

Certificate of Status Desired: No

04/30/2015

Date

Date

04/30/2015

FILED Apr 30, 2015 Secretary of State CC2721096357

Electronic Signature of Signing Officer/Director Detail

OFFICER

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