I hereby certify that the information indicated on this report or supplemental report is true an oath; that I am an officer or director of the corporation or the receiver or trustee empowered above, or on an attachment with all other like empowered.		
SIGNATURE: MARK L LEWALSKI	VP	07/30/2019

Address	238 S E 2ND ST
City-State-Zip:	DANIA BEACH FL 33004

Officer/Director Detail :				
Title	P	Title	VP	
Name	BARRON, DAVID	Name	LEWALSKI, MARK	
Address	2125 RICKOVER PLACE	Address	827 DUVAL CT.	
City-State-Zip:	WINDER GARDEN FL 34787	City-State-Zip:	SAFETY HARBOR FL 34695	
Title	S	Title	т	
Name	GUZOWSKI, JEFF	Name	FARNHAM, KENNETH	
Address	238 S E 2ND ST	Address	462 CHAMBERLIN AVE. NW	
City-State-Zip:	DANIA BEACH FL 33004	City-State-Zip:	PALM BAY FL 32907	

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.

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

2019 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL

REPORT

827 DUVAL CT.

Current Mailing Address:

827 DUVAL CT. SAFETY HARBOR, FL 34695 US

FEI Number: 47-2516897

LEWALSKI, MARK L 827 DUVAL CT.

SAFETY HARBOR, FL 34695 US

SIGNATURE: MARK L. LEWALSKI

SAFETY HARBOR, FL 34695

DOCUMENT# N14000011374

Entity Name: NMRA SUNSHINE REGION, INC. **Current Principal Place of Business:**

Certificate of Status Desired: No

Electronic Signature of Signing Officer/Director Detail

FILED Jul 30, 2019 Secretary of State 9914198686CC

> 07/30/2019 Date

> > Date