

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000006342

**Entity Name:** SPARKHERCHANGE, INC.**Current Principal Place of Business:**4958 LEEWARD LANE  
FORT LAUDERDALE, FL 33312**Current Mailing Address:**PO BOX 260254  
PEMBROKE PINES, FL 33026 US**FEI Number:** 47-5011711**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GUZMAN, KYSHANA  
4958 LEEWARD LANE  
FORT LAUDERDALE, FL 33312 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:** KYSHANA GUZMAN

05/04/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                         |
|-----------------|-------------------------|
| Title           | P                       |
| Name            | GUZMAN, KYSHANA         |
| Address         | PO BOX 260254           |
| City-State-Zip: | PEMBROKE PINES FL 33026 |

|                 |                                 |
|-----------------|---------------------------------|
| Title           | DIRECTOR OF COMMUNITY RELATIONS |
| Name            | VAZQUEZ, MICHELLE               |
| Address         | PO BOX 260254                   |
| City-State-Zip: | PEMBROKE PINES FL 33026         |

|                 |                                |
|-----------------|--------------------------------|
| Title           | DIRECTOR OF COMMUNITY OUTREACH |
| Name            | WALTON, KRYSTAL                |
| Address         | PO BOX 260254                  |
| City-State-Zip: | PEMBROKE PINES FL 33026        |

|                 |                         |
|-----------------|-------------------------|
| Title           | T                       |
| Name            | GUEVARA, JULIANNA       |
| Address         | PO BOX 260254           |
| City-State-Zip: | PEMBROKE PINES FL 33026 |

|                 |                         |
|-----------------|-------------------------|
| Title           | DIRECTOR OF GIVING      |
| Name            | PEREZ, RAYZA            |
| Address         | PO BOX 260254           |
| City-State-Zip: | PEMBROKE PINES FL 33026 |

*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:** JULIANNA GUEVARA

CFO

05/04/2023

Electronic Signature of Signing Officer/Director Detail

Date