## 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.

DIR

#### SIGNATURE: CYNTHIA SCHAEFER

Electronic Signature of Signing Officer/Director Detail

Electronic Signature of Registered Agent

#### **Officer/Director Detail :**

	Title	Р	Title	SEC
	Name	SCHAEFER, CYNTHIA	Name	ANA, FABIOLA
	Address	4786 SW 72ND AVE	Address	9431 LIVE OAK PLACE #111
	City-State-Zip:	DAVIE FL 33314	City-State-Zip:	DAVIE FL 33324
	Title	TR		
	Title Name	TR ONNIE-HAY, JULIA		
	Name	ONNIE-HAY, JULIA		

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:

### 4786 SW 72ND AVE DAVIE. FL 33314 UN

**Current Mailing Address:** 

4786 SW 72ND AVE DAVIE, FL 33314

# FEI Number: 81-1252200

# Name and Address of Current Registered Agent:

Entity Name: GROWSOCIAL FOUNDATION INC

**Current Principal Place of Business:** 

SCHAEFER, CYNTHIA 4786 SW 72ND AVE DAVIE, FL 33314 US



### FILED Mar 21, 2017 Secretary of State CC2995320322

Certificate of Status Desired: No

03/21/2017 Date

Date