#### 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: NAKOTO RENTZ

Electronic Signature of Signing Officer/Director Detail

**Officer/Director Detail :** CP Title Title D RENTZ, KEISHA A RENTZ, NAKOTO Name Name 7921 TUSCANY WOODS DRIVE Address 7921 TUSCANY WOODS DRIVE Address City-State-Zip: TAMPA FL 33647 City-State-Zip: TAMPA FL 33647 Title D

## SIGNATURE:

Name Address

City-State-Zip:

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:

RENTZ, NAKOTO 7921 TUSCANY WOODS DRIVE TAMPA, FL 33647 US

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N1600009172

Entity Name: SHALOM CENTER OF EXCELLENCE, INC.

### **Current Principal Place of Business:**

7921 TUSCANY WOODS DRIVE TAMPA, FL 33647

#### **Current Mailing Address:**

7921 TUSCANY WOODS DRIVE TAMPA, FL 33647 US

# FEI Number: 81-4666719

Electronic Signature of Registered Agent

WILSON, RONEE

TAMPA FL 33647

9166 OAK PRIDE COURT

Secretary of State CC3810762035

FILED May 07, 2018

Certificate of Status Desired: No

05/07/2018 Date

Date