

2019 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N17000001497

Entity Name: ARLENE AND FRIENDS INC.**Current Principal Place of Business:**3150 WEST 16TH STREET
JACKSONVILLE, FL 32254**Current Mailing Address:**PO BOX 3111
JACKSONVILLE, FL 32206 US**FEI Number:** 81-5302869**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**RIGGINS, PATRICE
3150 WEST 16TH STREET
JACKSONVILLE, FL 32254 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:** PATRICE RIGGINS

04/10/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

| | |
|-----------------|-----------------------|
| Title | P |
| Name | RIGGINS, PATRICE |
| Address | 3150 WEST 16TH STREET |
| City-State-Zip: | JACKSONVILLE FL 32254 |

| | |
|-----------------|----------------------------|
| Title | TD |
| Name | AWAD, JONATHAN |
| Address | 8046 WHISPER LAKE LANE W. |
| City-State-Zip: | PONTE VEDRA BEACH FL 32082 |

| | |
|-----------------|-----------------------|
| Title | OFFICER |
| Name | CLARK, ANTOINE |
| Address | 9483 FIR COURT |
| City-State-Zip: | JACKSONVILLE FL 32208 |

| | |
|-----------------|-----------------------|
| Title | S |
| Name | WHITE, ERIKA CAMILLE |
| Address | 8966 IRONGATE DR |
| City-State-Zip: | JACKSONVILLE FL 32244 |

| | |
|-----------------|-----------------------|
| Title | D |
| Name | WATERS, RHONDA |
| Address | 523 W 62 ST |
| City-State-Zip: | JACKSONVILLE FL 32207 |

| | |
|-----------------|-----------------------|
| Title | D |
| Name | KIRKWOOD, MELISSA |
| Address | 3434 ATHERTON ST. |
| City-State-Zip: | JACKSONVILLE FL 32207 |

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: PATRICE RIGGINS**PRESIDENT**

04/10/2019

Electronic Signature of Signing Officer/Director Detail

Date