Thereby certify that the information indicated on this report of supplemental report is the and accurate and that my electionic signature shall have the same legal enect as in t	naue unuer
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 n	ame appears
above, or on an attachment with all other like empowered.	

SIGNATURE: GEORGE K SAW

Electronic Signature of Signing Officer/Director Detail

ORLANDO, FL 32837 FEI Number: 82-3819812

Current Principal Place of Business:

Name and Address of Current Registered Agent:

MICHAEL SHIN 14276 LOARD BARCLAY DR ORLANDO, FL 32837 US

DOCUMENT# N17000012205

7825 BAYFLOWER WAY ORLANDO, FL 32836

Current Mailing Address: 14276 LOARD BARCLAY DR

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: MS 05/23/2019 Date Electronic Signature of Registered Agent **Officer/Director Detail :** Title Ρ Title VP LWIN, MAY Name MYINT, HLA HLA Name 7825 BAYFLOWER WAY Address 8359 LAKE CROWELL CIRCLE Address City-State-Zip: ORLANDO FL 32836 ORLANDO FL 32836 City-State-Zip: Title TREASURER, 2 Title SECRETARY, 1 Name ZIN, THANT Name SAW, GEORGE K Address 1104 BASSALO WAY Address 10714 BROWN TROUT CIR ORLANDO FL 32828 City-State-Zip: City-State-Zip: ORLANDO FL 32825 Title TREASURER, 1 KHAING, HNIN Name 8019 GLITTER CT Address City-State-Zip: ORLANDO FL 32836

Levely 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

SECRETARY

05/23/2019

FILED May 23, 2019 Secretary of State 3827008295CC

Certificate of Status Desired: No

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: SIRIMANGALA DHAMMA CENTER CORP

Date