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: GITTENS, QUENTIN T

Entity Name: HEADACHE 13 FOUNDATION INC

Current Principal Place of Business:

16117 WATER SPRING BLVD WINTER GARDEN, FL 34787

Current Mailing Address:

PO BOX 571 APOPKA, FL 32704

FEI Number: 87-4054709

Name and Address of Current Registered Agent:

GITTENS, QUENTIN T 581 N. PARK AVE #571 APOPKA, FL 32704 US FILED May 01, 2023 Secretary of State 1844322639CC

Certificate of Status Desired: No

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:

Electronic Signature of Registered Agent

Officer/Director Detail :

Title	FCEO	Title	DIR
Name	GITTENS, QUENTIN T	Name	GITTENS, MONIQUE M
Address	581 N. PARK AVE #571	Address	581 N. PARK AVE #571
City-State-Zip:	APOPKA FL 32704	City-State-Zip:	APOPKA FL 32704
Title	DIR	Title	DIR
Name	BURRELL, ERVIN	Name	GLOVER, SHAVON
Address	4735 CRESTED EAGLE LANE	Address	869 EAST 147TH ST 8J
City-State-Zip:	FORT MYERS FL 33966	City-State-Zip:	BRONX NY 10455
Title	DIR		
Name	EBERHART, WILLIAM		
Address	10462 NE AVERY WAY		
City-State-Zip:	HILLSBORO OR 97006		

Electronic Signature of Signing Officer/Director Detail

FCEO

Date