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: OLIVIA TORAL

Electronic Signature of Signing Officer/Director Detail

15395 MEADOW WOOD DR WELLINGTON, FL 33414 US

FEI Number: 87-4087001

Current Mailing Address:

DOCUMENT# N21000014441

15395 MEADOW WOOD DR WELLINGTON. FL 33414

Current Principal Place of Business:

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

Entity Name: NEIGHBORHOOD KIDS SCHOOLS, INC.

TORAL, FRANK 15395 MEADOW WOOD DR WELLINGTON, FL 33414 US

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:

Officer/Director Detail : Title Ρ Title VP TORAL, FRANK Name TORAL, OLIVIA Name 15395 MEADOW WOOD DR Address 15395 MEADOW WOOD DR Address City-State-Zip: WELLINGTON FL 33414 City-State-Zip: WELLINGTON FL 33414 Title S Name CARERI, KIM Address 1326 LAKE CLAY DR

City-State-Zip: LAKE PLACID FL 33852

VICE PRESIDENT

02/08/2024

FILED Feb 08, 2024 Secretary of State 9422965054CC

Date

Date