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.

PRESIDENT

SIGNATURE: SARAH BLAIN

Electronic Signature of Signing Officer/Director Detail

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.

Officer/Director Detail :					
	Title	Р	Title	т	
	Name	BLAIN, SARAH	Name	ANDRE, MAX	
	Address	216 TIMBERCOVE CIRCLE	Address	216 TIMBERCOVE CIRCLE	
	City-State-Zip:	LONGWOOD FL 32779	City-State-Zip:	LONGWOOD FL 32779	
	Title	S			
	Name	HARRIS, ROBIN			
	Address	107 S. NORMANDALE AVE			

Off

City-State-Zip: ORLANDO FL 32835

SIGNATURE:

I

	Electronic Signature of Registered Agent					
icer/Director Detail :						
e	Р	Title	т			
ne	BLAIN, SARAH	Name	ANDRE, MAX			
Iress	216 TIMBERCOVE CIRCLE	Address	216 TIMBERCOVE CIRCLE			
-State-Zip:	LONGWOOD FL 32779	City-State-Zip:	LONGWOOD FL 32779			
Э	S					

Name and Address of Current Registered Agent:

BLAIN, SARAH 216 TIMBERCOVE CIRCLE

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22000010036

Entity Name: THE NONPROFIT INDUSTRIAL COMPLEX, INC.

Current Principal Place of Business:

216 TIMBERCOVE CIRCLE LONGWOOD, FL 32779

Current Mailing Address:

216 TIMBERCOVE CIRCLE LONGWOOD, FL 32779 US

FEI Number: 88-4053760

LONGWOOD, FL 32779 US

FILED Jan 24, 2023 Secretary of State 3719241047CC

Certificate of Status Desired: No

01/24/2023 Date

Date