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: DAVID E CATON

Electronic Signature of Signing Officer/Director Detail

Officer/Director Detail : Title SD Title D LOUGHRIE, SANDRA L Name **RIGGS, STEPHEN** Name 125 BOSPHOROUS AVENUE Address City-State-Zip: WESLEY CHAPEL FL 33543

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.

Address City-State-Zip: TAMPA FL 33606 PTD

Title CATON, DAVID E Name Address 7031 BENJAMIN RD. SUITE F.

City-State-Zip: TAMPA FL 33634-3015

Entity Name: FLORIDA FAMILY ASSOCIATION, INC.

Current Principal Place of Business:

7031 BENJAMIN RD. SUITE F. TAMPA FL 33634-3015

DOCUMENT# N9400003585

Current Mailing Address:

P. O. BOX 46547 TAMPA FL 33646-0105 US

FEI Number: 59-3283890

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

CATON, DAVID 7031 BENJAMIN RD. SUITE F. TAMPA FL 33634-3015 US

SIGNATURE:

FILED Jan 25, 2022 Secretary of State 9604207141CC

Certificate of Status Desired: No

18444 TANGLEWOOD DRIVE

01/25/2022

Date

Date

PRESIDENT