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: CINDY MARTIN

Electronic Signature of Signing Officer/Director Detail

4208 BUR ST PORT CHARLOTTE, FL 33948

Current Mailing Address:

DOCUMENT# N95000005478

POST OFFICE BOX 495021 PORT CHARLOTTE, FL 33949-5021

FEI Number: 65-0656898

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

Entity Name: ARC OF CHARLOTTE COUNTY, INC.

SLOAN, W. DOUGLAS 4208 BUR ST PORT CHARLOTTE, FL 33948 US

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 Р Title т SLOAN, W. DOUGLAS Name MARTIN, CINDY Name 4208 BUR ST Address 937 TROPICAL AVE Address City-State-Zip: PORT CHARLOTTE FL 33948 PORT CHARLOTTE FL City-State-Zip: Title D Title S Name BLAYLOCK, JUDITH SLOAN, MARY Name Address 18458 INWOOD AVE Address 4208 BUR ST PORT CHARLOTTE FL 33948 City-State-Zip: PORT CHARLOTTE FL 33948 City-State-Zip:

01/25/2013

FILED Jan 25, 2013 Secretary of State CC0953677741

Date

Certificate of Status Desired: No

Date

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

TREASURER