-	-	D, INCORPOR	AIFD	etary of State 6637506CC
Current Mai	ling Address:			
	CE BOX 6232 FL 33807-6232			
FEI Number: 59-3354022 Certificate			Certificate of Status	Desired: No
Name and A	Address of Current Registered Agent:			
STARR, FREID 1501 SHEPHEI APARTMENT LAKELAND, FL	RD ROAD 67			
The above name	d entity submits this statement for the purpose of changing its reg	istered office or regis	tered agent, or both, in the Stat	e of Florida.
	d entity submits this statement for the purpose of changing its reg E: FREIDA STARR	istered office or regis	tered agent, or both, in the Stat	e of Florida. 01/25/2022
		istered office or regis	tered agent, or both, in the Stat	
	E: FREIDA STARR Electronic Signature of Registered Agent	istered office or regis	tered agent, or both, in the Stat	01/25/2022
SIGNATURE	E: FREIDA STARR Electronic Signature of Registered Agent	istered office or regis	tered agent, or both, in the Stat	01/25/2022
SIGNATURE Officer/Dire	E: FREIDA STARR Electronic Signature of Registered Agent ctor Detail :			01/25/2022
SIGNATURE Officer/Dire	E: FREIDA STARR Electronic Signature of Registered Agent ctor Detail : TD	Title	SD	01/25/2022 Date
SIGNATURE Officer/Dire Title Name	E: FREIDA STARR Electronic Signature of Registered Agent Ctor Detail : TD STARR, FREIDA POST OFFICE BOX 6232	Title Name Address	SD HARRIS, RON	01/25/2022 Date
SIGNATURE Officer/Dire Title Name Address	E: FREIDA STARR Electronic Signature of Registered Agent Ctor Detail : TD STARR, FREIDA POST OFFICE BOX 6232	Title Name Address	SD HARRIS, RON POST OFFICE BOX 6232	01/25/2022 Date
SIGNATURE Officer/Dire Title Name Address City-State-Zip:	E: FREIDA STARR Electronic Signature of Registered Agent Ctor Detail : TD STARR, FREIDA POST OFFICE BOX 6232 LAKELAND FL 33807-6232	Title Name Address	SD HARRIS, RON POST OFFICE BOX 6232	01/25/2022 Date
SIGNATURE Officer/Dire Title Name Address City-State-Zip: Title	E: FREIDA STARR Electronic Signature of Registered Agent Ctor Detail : TD STARR, FREIDA POST OFFICE BOX 6232 LAKELAND FL 33807-6232 PD	Title Name Address	SD HARRIS, RON POST OFFICE BOX 6232	01/25/2022 Date

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N9700000709

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 EDEIDA	CTADD
SIGNATURE: FREIDA	STARK

Electronic Signature of Signing Officer/Director Detail

01/25/2022

