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: VANDA MERRIMAN

Electronic Signature of Signing Officer/Director Detail

Certificate of Status Desired: No Name and Address of Current Registered Agent:

MERRIMAN, VANDA W 2603 NW 13TH STREET #339 GAINESVILLE, FL 32609 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 PD Title SD BYRD, WILLIAM BAILEY, DWIGHT Name Name 2603 NW 13TH STREET #339 Address 2603 NW 13TH STREET #339 Address City-State-Zip: GAINESVILLE FL 32609 GAINESVILLE FL 32609 City-State-Zip: Title TD Name MERRIMAN, VANDA Address 2603 NW 13TH STREET #339 City-State-Zip: GAINESVILLE FL 32609

FILED Apr 24, 2014 Secretary of State CC7684902324

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0200002448

Entity Name: EACHONETEACHONE FOUNDATION, INC.

Current Principal Place of Business:

2603 NW 13TH STREET #339 GAINESVILLE. FL 32609

Current Mailing Address:

2603 NW 13TH STREET #339 GAINESVILLE, FL 32609

FEI Number: 02-0686530

Electronic Signature of Registered Agent

TD

04/24/2014 Date

Date