above, or on an attachment with all other like empowered.		
SIGNATURE: MALFORD NORMAN BUSTER, SF	R. D/P	04/21/2019

Electronic Signature of Signing Officer/Director Detail

SIGNATURE: Electronic Signature of Registered Agent **Officer/Director Detail :** Title D/P Title VP BUSTER, MALFORD NORMAN SR. Name Name Address 302 EAST JOPPA ROAD Address 302 EAST JOPPA ROAD **SUITE 1507 SUITE 1507**

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.

907 REGENTS PARK	
UITE 390	
AMPA FL 33647 US	

Current Mailing Address:

9617 ORANGE JASMINE WAY

TAMPA, FL 33647

City-State-Zip:

City-State-Zip:

Title

Name

Address

DOCUMENT# N1500002678

Current Principal Place of Business:

302 EAST JOPPA ROAD **SUITE 1507** TOWSON, MD 21286 US

FEI Number: 47-3431494

Name and Address of Current Registered Agent:

TOWSON MD 21286

BUSTER, MARISSA C

302 EAST JOPPA ROAD

SECRETARY

SUITE 1507 TOWSON MD 21286

LAW OFFICES OF HAN-RALSTON, PLLC 89 Sι TAMPA, FL 33647 US

Entity Name: EARLY CHILDHOOD MATH DEVELOPMENT FOUNDATION, INC.

Certificate of Status Desired: No

BUSTER, MALFORD NORMAN JR.

City-State-Zip:

TOWSON MD 21286

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 appear

SIGNATURE: MALFORD NORMAN BUSTER, SR. D/F

Date

FILED Apr 21, 2019 Secretary of State 6987115922CC

Date