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.

CEO

SIGNATURE: SEVIL SONMEZ

Electronic Signature of Signing Officer/Director Detail

C

SIGNATURE:

	Electronic Signature of Registered Agent		Da
Officer/Director Detail :			
Title	CEO	Title	EXDR
Name	SONMEZ, SEVIL DR.	Name	APOSTOLOPOULOS, YORGHOS DR.
Address	4904 WATERVISTA DRIVE	Address	203 WICK WILLOW DRIVE
City-State-Zip:	ORLANDO FL 32821	City-State-Zip:	MONTGOMERY TX 77356
Title	ASCD		
Name	HSIEH, YUCHIN JERRIE DR.		
Address	1 AMITY COURT		
City-State-Zip:	PITTSFORD NY 14534		

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.

Name and Address of Current Registered Agent:

ORLANDO, FL 32821 US

Current Mailing Address:

4904 WATERVISTA DRIVE ORLANDO, FL 32821 US

4904 WATERVISTA DRIVE ORLANDO. FL 32821

DOCUMENT# N2100000308

Current Principal Place of Business:

FEI Number: 86-1946491

SONMEZ, SEVIL DR. 4904 WATERVISTA DRIVE

Entity Name: PROLEPSIS: PARTNERS IN PREVENTION, INC.

FILED Jan 17, 2023 Secretary of State 2690379520CC

Certificate of Status Desired: Yes

Date

01/17/2023 Date