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. 04/28/2022 PRESIDENT

SIGNATURE: LANINA GAY

Electronic Signature of Signing Officer/Director Detail

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: Electronic Signature of Registered Agent

TAMPA, FL 33604 US

GAY, LANINA C 1705 EAST IDELL ST

В

Officer/Director Detail :			
Title	PRES	Title	VP
Name	GAY, LANINA C	Name	HART, JAYENISEA N
Address	1705 EAST IDELL ST B	Address	1705 IDELL ST B
City-State-Zip:	TAMPA FL 33604	City-State-Zip:	TAMPA FL 33604
Title	SEC		
Name	SHERMAN, BIONCA		
Address	1705 EAST IDELL ST B		
City-State-Zip:	TAMPA FL 33604		

В

1705 EAST IDELL ST

В

FEI Number: 86-2345170

Name and Address of Current Registered Agent:

TAMPA, FL 33617

TAMPA, FL 33604

8729 NORTH 48TH ST

Current Mailing Address:

Entity Name: A SISTA WHO CARES INC.

Current Principal Place of Business:

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

FILED Apr 28, 2022 Secretary of State 7528458777CC

Certificate of Status Desired: No

Date

Date