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.

PRESIDENT

SIGNATURE: DEBBIE WILLIS

Electronic Signature of Signing Officer/Director Detail

## С

City-State-Zip: JACKSONVILLE FL 32258

	Electronic Signature of Registered Agent			
Officer/Director Detail :				
Title	P	Title	VP	
Name	WILLIS, DEBBIE A	Name	LONG, PATRICIA	
Address	848 ELK RUN	Address	3047 AUDRIANNE LANE	
City-State-Zip:	ST. JOHNS FL 32259	City-State-Zip:	MIDDLEBURG FL 32068	
Title	VP			
Name	WILLIS, JAMES M			
Address	12700 BARTRAM PARK BLVD., #1030			

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.

**Current Mailing Address:** 

**Current Principal Place of Business:** 

**848 ELK RUN** ST. JOHNS, FL 32259

848 ELK RUN ST. JOHNS, FL 32259

## FEI Number: 86-2558275

## Name and Address of Current Registered Agent:

WILLIS, DEBORAH A 848 ELK RUN ST. JOHNS, FL 32259 US

SIGNATURE:

Entity Name: GIS FOR OUR CHILDREN'S EDUCATION, INC.

## FILED Feb 06, 2024 Secretary of State 4071413169CC

Certificate of Status Desired: Yes

02/06/2024

Date

Date