8610 DUMFOR LAKE WORTH,				
Current Mai	ling Address:			
8610 DUMF LAKE WOR	ORD LANE TH, FL 33467 US			
FEI Number: 86-2537883		Certificate of Status Desired: No		
Name and A	Address of Current Registered Agent:			
MCSWEENEY, 8610 DUMFOR LAKE WORTH,	D LANE			
The above name	d entity submits this statement for the purpose of changing its regi	stered office or regis	tered agent, or both, in the State of F	lorida
SIGNATURE: KRISEL MCSWEENEY			•	ionadi.
SIGNATURE	E: KRISEL MCSWEENEY	Ĵ		01/03/2024
SIGNATURE	E: KRISEL MCSWEENEY Electronic Signature of Registered Agent			
SIGNATURE Officer/Dire	Electronic Signature of Registered Agent			01/03/2024
	Electronic Signature of Registered Agent	Title	VP	01/03/2024
Officer/Dire	Electronic Signature of Registered Agent	Title Name	VP MCSWEENEY, CILK	01/03/2024
<b>Officer/Dire</b> Title	Electronic Signature of Registered Agent ctor Detail : P			01/03/2024
<b>Officer/Dire</b> Title Name	Electronic Signature of Registered Agent ctor Detail : P MCSWEENEY, KRISEL 8610 DUMFORD LANE	Name	MCSWEENEY, CILK 8610 DUMFORD LANE	01/03/2024
<b>Officer/Dire</b> Title Name Address	Electronic Signature of Registered Agent ctor Detail : P MCSWEENEY, KRISEL 8610 DUMFORD LANE	Name Address	MCSWEENEY, CILK 8610 DUMFORD LANE	01/03/2024
Officer/Dire Title Name Address City-State-Zip:	Electronic Signature of Registered Agent ctor Detail : P MCSWEENEY, KRISEL 8610 DUMFORD LANE LAKE WORTH FL 33467	Name Address	MCSWEENEY, CILK 8610 DUMFORD LANE	01/03/2024
Officer/Dire Title Name Address City-State-Zip: Title	Electronic Signature of Registered Agent ctor Detail : P MCSWEENEY, KRISEL 8610 DUMFORD LANE LAKE WORTH FL 33467 T	Name Address	MCSWEENEY, CILK 8610 DUMFORD LANE	01/03/2024

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: KRISEL MCSWEENEY

PRESIDENT

01/03/2024

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# N2100002828

## Entity Name: SEXUAL ASSAULT PREVENTION AND ADVOCACY INC.

## **Current Principal Place of Business:**

FILED Jan 03, 2024 **Secretary of State** 8280436425CR

Date