2001 UNIFORM BUSINESS REPORT (UBR) FILED Feb 15, 2001 8:00 am Secretary of State DOCUMENT # 713899 1. Entity Name THE ETHEL AND W. GEORGE KENNEDY FAMILY FOUNDATIO 02-15-2001 90333 020 ****70.00 Mailing Address Principal Place of Business 1550 MADRUGA AVENUE 1550 MADRUGA AVENUE SUITE 225 SUITE 225 C0021262 CORAL GABLES FL 33146 CORAL GABLES FL 33146 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-6204880 Not Applicable Country Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) KENNEDY-OLSEN, KATHLEEN 1550 MADRUGA AVENUE SUITE 225 Zip Code City CORAL GABLES FL 33146 8. 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable Make Check Payable to **FILE NOW:** 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Change ☐ Addition ☐ Delete TITLE STD TITLE. NAME KENNEDY-OLSEN, KATHLEEN NAME STREET ADDRESS STREET ADDRESS 1550 MADRUGA AVENUE, #225 CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL 33146 ☐ Addition TITLE ☐ Change Delete TITLE NAME HERTERICH, KARYN KENNEDY NAME STREET ADDRESS STREET ADDRESS 1550 MADRUGA AVENUE, #225 CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL 33146 Delete ... ☐ Change ☐ Addition TITLE TITLE NAME KENNEDY, KIMBERLY NAME STREET ADDRESS STREET ADDRESS 1500 MADRUGA AVENUE, #225 CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL 33146 ☐ Change ☐ Addition TITI F ☐ Delete TITLE NAME NAME KENNEDY, KENDEL STREET ADDRESS STREET ADDRESS 1550 MADRUGA AVENUE, #225

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

TITLE

NAME STREET ADDRESS

SIGNATURE;

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

NAME

TITLE NAME CORAL GABLES FL 33146

☐ Delete

☐ Delete

Change

Change

☐ Addition

☐ Addition