I hereby certify that the information indicated on this report or supplemental report is true and acc		
oath; that I am an officer or director of the corporation or the receiver or trustee empowered to ex	ecute this report as required by Chapter 617, Florid	a Statutes; and that my name appears
above, or on an attachment with all other like empowered.		
SIGNATURE: CURTIS A. DEGREFF	CFO	04/21/2023

City-State-Zip: MIAMI FL 33131

SIGNATURE	CURTIS A. DEGREFF			04/21/2023
	Electronic Signature of Registered Agent			Date
Officer/Dired	ctor Detail :			
Title	CHAIRMAN, DIRECTOR	Title	CEO	
Name	MORGAN, HOWARD	Name	LEHR, JOHN L.	
Address	200 SE 1ST STE 800	Address	200 SE 1ST STE 800	
City-State-Zip:	MIAMI FL 33131	City-State-Zip:	MIAMI FL 33131	
Tide	CFO			
Title	CFO			
Name	DEGREFF, CURTIS A.			
Address	200 SE 1ST STE 800			

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.

MIAMI, FL 33131 US

FEI Number: 59-0968031

REGISTERED AGENTS INC 7901 4TH STREET NORTH

ST. PETERSBURG, FL 33702 US

SUITE 300

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Name and Address of Current Registered Agent:

200 SE 1ST STE 800

MIAMI, FL 33131 **Current Mailing Address:**

200 SE 1ST STE 800

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 704323

Entity Name: NATIONAL PARKINSON FOUNDATION, INC.

Current Principal Place of Business:

FILED Apr 21, 2023 Secretary of State 6416858579CC

Certificate of Status Desired: No

Date

Electronic Signature of Signing Officer/Director Detail