# 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: NORMAN M. WAAS

Electronic Signature of Signing Officer/Director Detail

#### DOCUMENT# 728040

**Entity Name:** ALPHA OMEGA FOUNDATION OF ZETA BETA TAU FRATERNITY, INC.

#### Current Principal Place of Business:

TWO ALHAMBRA PLAZA SUITE 750 CORAL GABLES, FL 33134

## **Current Mailing Address:**

TWO ALHAMBRA PLAZA SUITE 750 CORAL GABLES, FL 33134 US

### FEI Number: 59-0817798

### Name and Address of Current Registered Agent:

WAAS, NORMAN MESQ TWO ALHAMBRA PLAZA SUITE 750 CORAL GABLES, FL 33134 US

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

### Officer/Director Detail :

	Title	TR	Title	TR
	Name	KUSHNER, BRIAN	Name	WAAS, NORMAN M
	Address	3140 VIRGINIA ST	Address	TWO ALHAMBRA PLAZA, SUITE 750
	City-State-Zip:	COCONUT GROVE FL 33133	City-State-Zip:	CORAL GABLES FL 33134
	Title	TR	Title	TR
	Title Name	TR LEVINSON, FRED	Title Name	TR LEVINE, SETH
	Name	LEVINSON, FRED	Name	LEVINE, SETH

TR AND RA

01/23/2013

Date

FILED Jan 23, 2013 Secretary of State CC9253177385

Certificate of Status Desired: No

Date