	I entity submits this statement for the purpose of changing its	0 0	5	
SIGNATURE	: ALAN A CAMPBELL			03/06/2018
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	PRES	Title	VP	
Name	IGLESIAS, JORGE	Name	CELPA , PAULA	
Address	3350 SW 7TH ST	Address	16081 NE 9TH PL	
City-State-Zip:	MIAMI FL 33135	City-State-Zip:	NORTH MIAMI BEACH FL 3316	62
Title	S/TR			
Name	CAMPBELL, ALAN			
Address	14833 N SPUR DR			

DOCUMENT# 730404 Entity Name: LIONS FOR THE BLIND, INC.

Current Principal Place of Business:

14833 N SPUR DR MIAMI, FL 33161

Current Mailing Address:

14833 N SPUR DR MIAMI. FL 33161 US

FEI Number: 23-7432178

Name and Address of Current Registered Agent:

CAMPBELL, ALAN A 14833 N SPUR DR MIAMI, FL 33161 US

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: ALAN CAMPBELL

City-State-Zip: MIAMI FL 33161

SECRETARY/TREASURER 03/06/2018

Electronic Signature of Signing Officer/Director Detail

Certificate of Status Desired: No

CC9434743788

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Date