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. 02/27/2024

PD

SIGNATURE: ABRAHAM LIPSZYC

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# N0100005258

Entity Name: CHABAD LUBAVITCH OF NORTH MIAMI, INC.

Current Principal Place of Business:

12550 BISCAYNE BOULEVARD SUITE 310 NORTH MIAMI, FL 33181

Current Mailing Address:

11855 NE 19 DRIVE APT 3 NORTH MIAMI, FL 33181 US

FEI Number: 65-1124450

Name and Address of Current Registered Agent:

LIPSZYC, RABBI A 11855 NE 19 DRIVE APT 3 NORTH MIAMI, FL 33181 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/Directe	or Detail :
T :4	TO

Title	PTD	Title	VPD
Name	LIPSZYC, ABRAHAM RABBI	Name	KATZMAN, CHAVI
Address	11855 NE 19 DRIVE	Address	699 CROWN STREET
City-State-Zip:	APT 3 N. MIAMI FL 33181	City-State-Zip:	BROOKLYN NY 11213
Title	SD		
Name	KATZMAN, MOSHE		
Address	640 PARKSIDE AVENUE		
City-State-Zip:	BROOKLYN NY 11226		

Certificate of Status Desired: No

FILED Feb 27, 2024 Secretary of State 6727020572CC

Date

Date