CHAPTER, I	NC.	200011120		3771694426CC
Current Prin	cipal Place of Business:			
5421 SHADY O	AK LN			
FT LAUDERDA	LE, FL 33312			
Current Mai	ling Address:			
PO BOX 221	263			
HOLLYWOC	D, FL 33022 US			
FEI Number: 59-1905739			Certificate of Status Desired: No	
Name and A	ddress of Current Registered Agent:			
	AY			
KIM, CHRISTIN 5421 SHADY O FT LAUDERDA	AK LN LE, FL 33312 US			
5421 SHADY O FT LAUDERDA		stered office or regis	tered agent, or both, in	the State of Florida.
5421 SHADY O FT LAUDERDA	LE, FL 33312 US	stered office or regis	tered agent, or both, in	the State of Florida. 01/05/2022
5421 SHADY O FT LAUDERDA	LE, FL 33312 US I entity submits this statement for the purpose of changing its regi	istered office or regis	tered agent, or both, in	
5421 SHADY O FT LAUDERDA	LE, FL 33312 US I entity submits this statement for the purpose of changing its regi E: KRISTINA WILSON, ESQ. Electronic Signature of Registered Agent	stered office or regis	tered agent, or both, in	01/05/2022
5421 SHADY O FT LAUDERDA The above named SIGNATURE	LE, FL 33312 US I entity submits this statement for the purpose of changing its regi E: KRISTINA WILSON, ESQ. Electronic Signature of Registered Agent	istered office or regis	tered agent, or both, in	01/05/2022
5421 SHADY O FT LAUDERDA The above named SIGNATURE Officer/Direc	LE, FL 33312 US d entity submits this statement for the purpose of changing its regises: KRISTINA WILSON, ESQ. Electronic Signature of Registered Agent ctor Detail :			01/05/2022 Date
5421 SHADY O FT LAUDERDA The above named SIGNATURE Officer/Dired Title	LE, FL 33312 US I entity submits this statement for the purpose of changing its regis E: KRISTINA WILSON, ESQ. Electronic Signature of Registered Agent Ctor Detail : DP	Title	DT STAMM, WARREN 14 NE 1ST AVENU	01/05/2022 Date
5421 SHADY O FT LAUDERDA The above named SIGNATURE Officer/Dired Title Name Address	LE, FL 33312 US d entity submits this statement for the purpose of changing its regis E KRISTINA WILSON, ESQ. Electronic Signature of Registered Agent Ctor Detail : DP DRUCKER, ALINE	Title Name Address	DT STAMM, WARREN	01/05/2022 Date
5421 SHADY O FT LAUDERDA The above named SIGNATURE Officer/Dired Title Name Address	LE, FL 33312 US I entity submits this statement for the purpose of changing its regis EXERISTINA WILSON, ESQ. Electronic Signature of Registered Agent Ctor Detail : DP DRUCKER, ALINE 3069 TAFT ST	Title Name Address	DT STAMM, WARREN 14 NE 1ST AVENN SUITE PH	01/05/2022 Date
5421 SHADY O FT LAUDERDA The above named SIGNATURE Officer/Dired Title Name Address	LE, FL 33312 US I entity submits this statement for the purpose of changing its regis EXERISTINA WILSON, ESQ. Electronic Signature of Registered Agent Ctor Detail : DP DRUCKER, ALINE 3069 TAFT ST	Title Name Address	DT STAMM, WARREN 14 NE 1ST AVENN SUITE PH	01/05/2022 Date
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2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: ASSOCIATION OF CORPORATE COUNSEL SOUTH FLORIDA

DOCUMENT# N0300005214

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: WARREN STAMM

TREASURER

01/05/2022

FILED Jan 05, 2022

Secretary of State

Electronic Signature of Signing Officer/Director Detail