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: SHARON STRAUSS PARKER

Electronic Signature of Signing Officer/Director Detail

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0300008212

Entity Name: SHARON STRAUSS PARKER LYMPHOMA RESEARCH FOUNDATION, INC.

Current Principal Place of Business:

C/O SHARON STRAUSS PARKER 18168 DAYBREAK DRIVE BOCA RATON, FL 33496

Current Mailing Address:

C/O SHARON STRAUSS PARKER **18168 DAYBREAK DRIVE** BOCA RATON, FL 33496

FEI Number: 20-0447808

Name and Address of Current Registered Agent:

REDGRAVE & TURNER LLP 120 E PALMETTO PRK RD SUITE 450 BOCA RATON, FL 33432 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	D	Title	D
Name	STRAUSS PARKER, SHARON	Name	REDGRAVE, ARTHUR RESQ.
Address	18168 DAYBREAK DRIVE	Address	18168 DAYBREAK DRIVE
City-State-Zip:	BOCA RATON FL 33496	City-State-Zip:	BOCA RATON FL 33496
Title	D	Title	D
Title Name	D GOY, ANDRE DR.	Title Name	D TRUSCH, NORMA ESQ.
	-		-
Name	GOY, ANDRE DR. 18168 DAYBREAK DRIVE	Name	TRUSCH, NORMA ESQ.

02/24/2014 PRESIDENT

FILED Feb 24, 2014 Secretary of State CC4064674327

Certificate of Status Desired: Yes

Date

Date