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.

DP

SIGNATURE: ELLEN B BASS

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# N0400005805

Entity Name: THE PUZZLE PLACE FOUNDATION, INC.

Current Principal Place of Business:

6200 SWANS TERRACE SUITE-A COCONUT CREEK, FL 33073

Current Mailing Address:

6200 SWANS TERRACE SUITE-A COCONUT CREEK, FL 33073

FEI Number: 30-0263832

Name and Address of Current Registered Agent:

HOFMANN, LINDA 469 NE 93RD STREET MIAMI SHORES, FL 33138 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	DP	Title	DV
Name	BASS, ELLEN B	Name	CAMPBELL, KRISTIN
Address	6200 SWANS TERRACE	Address	10292 OASIS PALM DRIVE
City-State-Zip:	COCONUT CREEK FL 33073	City-State-Zip:	TAMPA FL 33615
T '4.	50		
Title	DS		
Name	KRING, TERRI K		
Address	911 LONGWOOD MARKHAM ROAD		
City-State-Zip:	SANFORD FL 32771		

Certificate of Status Desired: No

FILED Jan 25, 2018 Secretary of State CC0427321431

01/25/2018 Date

Date