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: LEMAR, AMALIA

Title	D	Title	D
Name	MAZZOLIN, AMALIA	Name	LEMAR, AMALIA
Address	16842 ROSE APPLE DRIVE	Address	1301 N. DEARBORN 1002
City-State-Zip:	DELRAY BEACH FL 33445	City-State-Zip:	CHICAGO IL 60610

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.

FEI Number: 14-1911614

DOCUMENT# N0400005899

16842 ROSE APPLE DRIVE DELRAY BEACH. FL 33445

CHICAGO, IL 60610

UNIT 23-D

SIGNATURE:

Officer/Director Detail :

Current Mailing Address: 1300 N. LAKE SHORE DRIVE

Current Principal Place of Business:

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

Entity Name: MAZZOLIN FAMILY FOUNDATION, INC.

BROOKS, DONALD L CRYSTALL TREE PLAZA 1201 US HWY ONE STE 415 NORTH PALM BEACH, FL 33408 US

FILED Feb 02, 2022 Secretary of State 6524144114CC

Certificate of Status Desired: Yes

Date

02/02/2022

MANAGER

Electronic Signature of Signing Officer/Director Detail