I hereby certify that the information indicated on this report or supplemental report is true and a	ccurate and that my electronic signature shall have	e 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 e	execute this report as required by Chapter 617, Flo	orida Statutes; and that my name appears
above, or on an attachment with all other like empowered.		
SIGNATURE BRENDA VIGODSKY	D	02/19/2021

#### SIGNATURE: BRENDA VIGODSKY

Electronic Signature of Signing Officer/Director Detail

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: BRENDA VIGODSKY

Electronic Signature of Registered Agent

# **Officer/Director Detail :**

Title	D
Name	VIGODSKY, BRENDA
Address	508 KENILWORTH AVE
City-State-Zip:	GULF BREEZE FL 32561

#### DOCUMENT# N0400005921

Entity Name: VIGODSKY FAMILY CHARITABLE FOUNDATION, INC.

### **Current Principal Place of Business:**

**508 KENILWORTH AVE** GULF BREEZE, FL 32561

### **Current Mailing Address:**

**508 KENILWORTH AVE** GULF BREEZE. FL 32561 US

# FEI Number: 20-1559235

# Name and Address of Current Registered Agent:

VIGODSKY, BRENDA 508 KENILWORTH AVE GULF BREEZE, FL 32561 US

02/19/2021

Date

# Certificate of Status Desired: No

FILED Feb 19, 2021 Secretary of State 0567736636CC

Date