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: LINDA HAMSTEAD

1

Electronic Signature of Signing Officer/Director Detail

Current Principal Place of Business: 1717 N BAYSHORE DR PH B47 MIAMI, FL 33132

Current Mailing Address:

1717 N BAYSHORE DR PH B47 MIAMI. FL 33132

FEI Number: 20-2342239

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

HAMSTEAD, LINDA H 1717 N BAYSHORE DR PH B47 MIAMI, FL 33132 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:

ne above named entity	Submits this statement for	line puipose o	n changing its i	egistered onice of	registered agent, o	

Officer/Director Detail : Title Title D D Name HAMSTEAD, LINDA H Name SHUMAN, ROBERT L Address 1717 N BAYSHORE DR PH B47 Address 256 HIGH STREET PO BOX 842 City-State-Zip: MORGANTOWN WV 26507 City-State-Zip: MIAMI FL 33132

6629997754CC

FILED Feb 28, 2024

Secretary of State

Date

Certificate of Status Desired: No

MANAGER

02/28/2024

Date

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001450

Entity Name: THE LINDA H. HAMSTEAD FOUNDATION, INC.