| Current Mai | ling Address: | | | |
|---|--|--------------------------|--|----|
| | STREET (1 INVICTA WAY) D, FL 33021 US | | | |
| FEI Number: 20-2005239 | | | Certificate of Status Desired: No | |
| Name and A | ddress of Current Registered Agent: | | | |
| BODDEN , STE 1688 MERIDIAN SUITE 700 MIAMI BEACH | NAVENUE | | | |
| The above named | l entity submits this statement for the purpose of changing its re | gistered office or regis | tered agent, or both, in the State of Florida. | |
| SIGNATURE: STEPHEN S. BODDEN ESQ. | | | 02/05/2018 | \$ |
| | Electronic Signature of Registered Agent | | Date | - |
| Officer/Dire | ctor Detail : | | | |
| Title | OFFICER, DIRECTOR | Title | OFFICER, DIRECTOR, TRUSTEE | |
| Name | LALO, EYAL | Name | LALO, KEREN | |
| Address | 3069 TAFT STREET (1 INVICTA WAY) | Address | 3069 TAFT STREET (1 INVICTA WAY) | |
| City-State-Zip: | HOLLYWOOD FL 33021 | City-State-Zip: | HOLLYWOOD FL 33021 | |
| | | | | |

Entity Name: INVICTA CARE FOUNDATION, INC.

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

3069 TAFT STREET (1 INVICTA WAY) HOLLYWOOD, FL 33021

DOCUMENT# N05000010062

Current Mailing Address:

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.

OFFICER

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02/05/2018
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Electronic Signature of Signing Officer/Director Detail

Date

FILED Feb 05, 2018 **Secretary of State** CC8519786725